

Harvard

MEDICAL
ALUMNI
BULLETIN
Spring, 1965



Robert H. Ebert, Dean-elect

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HARVARD MEDICAL ALUMNI BULLETIN

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LETTERS

Flexible but Unyielding

To the Editor:

The article "Where Are Our Women in Science?" by Ruth B. Kundsın, Sc.D. in the Winter, 1965 issue of the *Bulletin* reminded me of a letter which appeared in the Winter, 1955 *Bulletin*. That letter detailed the discouraging experience of one Harvard medical woman who had chosen to work in one of the unapproved fields. It is discomfoting that a decade of sweeping political and social revolution in our society has brought about so little change in this area.

There is little point in attempting to answer those who maintain blindly that women have "every opportunity just as everyone else does." However, strong objections to Dr. Kundsın's article are likely to come from those women who have achieved some level of professional recognition without undue difficulty and from a protected and privileged nest deny that unusual obstacles exist. To them, I say, "He jests at scars that never felt a wound." But scars and wounds do exist. Dr. Kundsın's article presents the composite experience of actual people.

Obviously all men are not prejudiced against women who work with them. A woman who accomplishes anything in the world at large will have done so with the support and loyalty of many men. The problems a woman in science may have with her colleagues and ancillary personnel may be exasperating, but with a little humor and tolerance she can cope with them. Any hostility toward her can only be expressed in harassment or malicious gossip, which may or may not cause harm. Prejudice becomes a problem when she en-

counters even one superior with negative attitudes toward her. She has no defense against such a person. The deliberate harm executed by this malevolent minority can be devastating.

Whether in science or any other demanding endeavor, it is the person striving beyond mediocrity who is besieged. Once a woman leaves the lower ranks, the problem is no longer interpersonal prejudice against her sex. Resistance to the advancement of women in science reflects a single facet of our brilliant established order. The unwritten law of American life is that advancement to the top levels is most deserved by those of proper background and this proper background excludes those of improper sex, race and social status. It would appear that the American ideal of equal opportunity according to ability may be fairly well isolated to the ghetto-situations and the federal enclaves. Let them that would deny this visit the leading industrial board rooms, hospital staff rooms and university faculty clubrooms across the country outside the sanctuaries and try then to prove that this is not so.

The academic world, especially the scientists as objectivists, could well afford to break from the established order. The universities should take the lead. Instead, it is business, with an eye to reducing waste and increasing profits, that is re-examining most encouragingly its attitudes toward the improper residue. The great eastern universities, with a few exceptions, and the renowned Boston hospitals, with fewer exceptions, remain complacent and aloof from social change. Appeals to fairness cannot reach them because they do not see that they are unjust. They are convinced that within their narrow limits they have found the best people possible. But, as long as their sampling remains nonrepresentative, of this they cannot be certain.

The best argument for providing the exceptional woman opportunity for development is contained in the *Bulletin's* lead article on Dr. Grete Bibring. It is significant that a man

in authority, Sigmund Freud, encouraged her studies. It might appear that the only difference between mid-twentieth century Boston and turn-of-the-century Viennese medical attitudes toward professional women is that Boston offers little reward for verve and courage. Somehow pioneer has become synonymous with martyr. The prevailing notion seems to be that for a woman to prove her dedication, she must become something less than a full woman and humbly assume the role of long-suffering drudge doomed to toil along beating her breast with one fist and clutching a crown of thorns in the other. But Dr. Bibring had the good fortune to meet Dr. Herrman L. Blumgart, who represents to me the ideal medical professor. Wise and fair, he recognized the value of her work and her worth as a person. Without Blumgarts, there can be no Bibrings.

My 1955 letter was an impassioned declaration of persistence from a depth of anguish, dismay and anger. My goal is still just beyond grasp. But my cause is just and I stand now as then — flexible but unyielding.

I cannot, I will not relent. I shall not recant.

MILDRED F. JEFFERSON '51
Boston, Mass.

What of the Complex?

To the Editor:

This busy and pregnant period in the development of the Harvard Medical School involves the growth of many concepts, whose final delivery will change the face, if not the heart, of the School.

After asking about the new Dean, the question Alumni most frequently put to me is, "What about the Complex?"

No single individual can presume either to summarize or epitomize this complicated development. The *Alumni Bulletin* gives me an opportunity to try to answer that

question as best I can. For any shortcomings in this brief note, I apologize.

Since the summer of 1958, when conception occurred, there has been intermittent and fitful growth. The concept is centered around the idea that medical care, education and research in the Longwood Avenue area can be strengthened by joining forces among several of the hospitals there, and giving them an even closer bond to the Medical School. The advantages of such a step are very numerous. A few of them are listed as follows:

1. More comprehensive care for the patient, giving continuity of care throughout the patient's life.

2. A more effective educational force for the student; the great variety of skills in the area are brought "under one roof."

3. Better interchange of ideas amongst disciplines; physicians, surgeons, pediatricians, obstetricians and gynecologists would be teaching together, eating together, working together and giving a much greater opportunity for exchange of ideas.

4. Providing "big hospital" services without losing "small hospital" personality.

5. Providing a shiny new structure for patients, doctors and nurses who are now working in beat-up, obsolete structures, many of which are falling apart.

6. Presenting a single face to money-granting agencies, particularly those of the City, State and Federal government, who increasingly will require unified and comprehensive plans, for support. The President's new program is an example.

7. And finally, an opportunity for the Harvard faculty to study and try new forms of group practice with community health centers and prepaid arrangements — hopefully to lighten the crushing economic burden of illness.

Working toward these objectives, representatives of the various hospi-

itals began to talk in the period 1958-1960. Most rapid progress was achieved during 1960-1962, when a committee of doctors was formed and met very regularly, interviewing experts from other parts of the country, and finally drawing up a convincing statement of the "missions" of the new federation. In the spring of 1963 Dr. Robert Glaser arrived from Denver to take over as president of the Affiliated Hospitals Center, Inc., the corporation having been formed under the laws of the Commonwealth of Massachusetts.

Dr. Glaser provided strong guidance and during his period of work here, significant progress has been made in many areas. There has been a sharpening of objectives, with clarification of institutional responsibility. Architectural plans have been drawn up and land-taking has begun. Last but not least, there has been a firm commitment on the part of several hospitals to contribute funds or land to the project. Indeed, so great has been Dr. Glaser's accomplishment, that his departure to a high place on the California coast has given rise to the most persistent rumors that this whole conception will now become nothing but a blighted ovum.

Although some setbacks have in fact occurred, the growth is still strong and vigorous. It will survive one, or indeed several, changes in accoucheur, prior to delivery. This is a joint enterprise whose aims far transcend the immediate community's needs which in the past provided the historical background of each individual hospital; a joint enterprise which is of a University character, and a national purpose. Both trustees and staff must raise their sights and aim for a more distant target than they have in the past.

Harvard has never had a truly University hospital. Years ago, in the Flexner Report, this was noted publicly. The new hospital complex, while not owned and operated by Harvard, should come closer to this ideal.

With Dr. Ebert now on the scene

as Dean, with the Peter Bent Brigham's Fiftieth Reunion a thing of the past, with the Children's Hospital One Hundredth Reunion coming up, with all the other hospitals fully matured, and with the Two Hundredth Anniversary of HMS only seventeen years away, it is our conviction that all the parents and grandparents of this concept are in their prime of life. They are young enough to father this offspring, yet old enough to take responsibility for its guidance.

Many will share my view that "safe deliverance" will indeed come for the hospital complex. All concerned realize acutely that its purposes are far too important to permit its delay or postponement of delivery much longer.

FRANCIS D. MOORE '39

Moseley Professor of Surgery
Head of the Department of Surgery
at the Peter Bent Brigham Hospital
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ROBERT H. EBERT

DEAN-ELECT

by Robin A. Fisher

Upon the Threshold of the New

On Dr. Ebert's reading table in the living room, next to his tobacco box and pipe, lies C. P. Snow's latest novel. Aside from the fact that the new dean and his wife both love to read for pleasure and spend much of what little spare time they have doing it, the book is a clue to two very important facets of the man: his sophistication in academic administration and his close ties with English academic life. Few readers could enjoy Lord Snow's penetrating analyses as much.

Even though a man in an "elect" position is somewhat of an enigma, the Harvard Medical community is in surprising agreement that Robert H. Ebert, eighth Jackson Professor of Clinical Medicine and chief of the medical services at the Massachusetts General Hospital, is the best of all possible choices for the deanship. His appointment as Dean of the Faculty of Medicine was announced by President Pusey on March 8, 1965.

A fit, nice-looking man who smiles easily, he usually wears a calm, thoughtful expression reminiscent of Dag Hammarskjöld or Dean Rusk. In conversation he is forthright and obliging, looks his listeners directly in the eye, and answers questions squarely. His manner of speaking is direct but understated. At the same time he is very approachable; Dr. Berry has called him "a man free of pomp, arrogance and vanity, who is more interested in getting the job done than in taking stands, a man who is neither fearful nor in a hurry."

Although he has been a member

of the Harvard community for nine months only, he began his career here in 1942 as an intern at the Boston City Hospital, and considers the influence of those who taught him here as strong as that in the other two areas in which he has worked, England and the Middle West. Of these three places he feels "Harvard is the least afraid of change, because it strives for quality alone, a value that both allows for progress and makes tradition a virtue." His wife, Emily Ebert, a warm, vigorous woman, is impressed by what she calls "the official sociability" of the University community, something new to her since her years at Radcliffe in the 1930's. "The more communication the better," she says. Both of them prefer to live in an academic community and feel very much at home in their house in Cambridge.

Dr. Ebert comes from an academic family. He was born in Minneapolis, Minnesota in 1914. His father was a doctor of German-Irish parentage who began his career as principal of a high school in South Dakota, where he taught mathematics, physics and astronomy. After he married Dr. Ebert's mother, who was of Norwegian descent and a high school teacher of English and Latin, he attended the University of Minnesota and Rush College and became a general practitioner, from which he later switched to dermatology. He became a professor in that specialty at the University of Illinois. Dr. Ebert's brother, Richard, is the professor of medicine at the University of Arkansas and, like Dr. Ebert, has

early ties with the Harvard Medical community, first as intern at the Boston City Hospital and then as assistant resident at the Peter Bent Brigham Hospital and later overseas with Harvard's Fifth General Hospital.

During his undergraduate years at the University of Chicago, Robert Ebert debated between the study of law and medicine and took the preliminary requirements for both. As his family had exposed him to a great deal of science, he wanted to be sure medicine was not "simply the easy thing to do." He based his ultimate decision on the belief that "medicine makes a more direct contribution to human welfare (since lawyers are usually more remote from the changes in law that can effect this), through scientific contribution, and even more important, through direct involvement with people."

During his first year at the Medical School of the University of Chicago, he was awarded a Rhodes Scholarship to Oxford. There he spent three years from 1936 to 1939 completing a doctorate of philosophy program in experimental pathology under the distinguished Nobel Laureate Lord Florey.

These years at Oxford helped set much of his later career into motion. What he learned about medical research and the fine art of teaching there he attributes to Lord Florey. He has described this influence in a recent talk at Harvard when Dr. Florey was honored as 1965 Dunham Lecturer:

When we first met, he was at work in his own laboratory

cannulating the thoracic duct of a rabbit, no mean technical feat. In our subsequent several years together, we actively worked side by side at the bench, and from this I learned to love working with my own hands in the laboratory.

There was in the laboratory a crusty but wonderfully competent instrument maker named Bush. It was my habit to join Bush for tea at his workbench, and it was certainly the strongest tea I ever tasted. On these occasions I watched several approaches made to Bush by members of the department. One man used the Germanic approach, and ordered Bush to make things for him. This gentleman not only received everything he ordered well behind schedule but several times narrowly escaped having his head cracked by a tea mug. The Professor, on the other hand, always got what he wished, and it was evident that Bush's respect for him was based on a sounder footing than mere position. I learned that loyalty of one's colleagues is based upon mutual respect.

In past years Oxford undergraduates were not renowned for their temperance on certain social occasions. At Jesus College there was a Shakespeare Society that had a dinner which lasted several hours, and a great variety of wines were drunk in memory of the great playwright. Following such a dinner, I staggered into the laboratory with bloodshot eyes, an ashen complexion, and shaking hands, ready to operate. Dr. Florey took one look at me and said, 'Doctor, you look as though you had the flu — go home to bed.' From this I learned some compassion for younger colleagues when they appear in a state of near collapse.

Finally, in everything I did I was taught by precept to be critical and to demand proof. And so, in critically evaluating his accomplishments, I can say that his influence on his students and colleagues has been as profound as his contribution to science.

Dr. Ebert met and married Emily Hirsch in England. A girl from

Kansas City who had been graduated from Radcliffe College, she was acquiring from 1937 to 1939 a Master of Arts degree in English Literature at Oxford's St. Anne's College. Their first encounter was actually in Florence, in 1937, where he took her to a symphony concert and out for what he called "an Italian version of an Eskimo pie." They decided to marry in 1938, and six months before they returned to this country, the wedding took place in Oxford.

While in Dr. Florey's laboratory, Dr. Ebert happened to be on hand when William B. Castle '21 came to visit Lord Florey, and this meeting, in addition to his brother's previous experience, encouraged him to apply for an internship at the Boston City after he received his M.D. from the University of Chicago. After an internship and assistant residency in Boston and two years' active duty in the Navy, he returned to his Alma Mater as assistant in the department of medicine in 1946. In 1948 he received a John and Mary R. Markle Foundation scholarship. In nine years he rose to professor of medicine, and only a year later, Western Reserve Medical School claimed him as successor to Joseph T. Wearn '17. He became Hanna-Payne Professor of Medicine, head of the department, and director at the University Hospitals of Cleveland.

In view of what lay ahead, his decision to go to Western Reserve was a definite turning point, for after 1958, with the exception of a sabbatical year in the laboratory from 1963 to 1964, the demands of administration have somewhat curtailed his teaching and clinical work and virtually prevented him from continuing his research. His chief preoccupation, which he had begun at Oxford, had been with observing cellular and vascular responses to inflammation and hypersensitivity and their modification by specific chemotherapy and adrenal steroids. Through these he had sought by analogy to understand similar phenomena of tuberculous infection in patients and in his clinical work he followed this by concen-

trating on diseases of the lung. Dr. Ebert realizes now that "it had become more important to me to contribute to the science of medicine through other people, by supporting them and what they do, rather than through what I did directly. After all, the only really important thing in a university is the people and what happens to them. It may take time to move the machinery of this complicated institution, but it should never be forgotten that doing it is all for this one purpose."

It was at moving the machinery that he shone at Western Reserve, at a time when the school was pioneering in a "vigorous re-examination of medical education" through complete revision of the curriculum. His colleagues have testified to his success in encouraging those under him to fulfill their department's functions, while maintaining the dignity and value of each man's contribution. They have also testified to their enormous affection for him. His wife considers this "uncanny ability to get people to work together" to be his greatest gift; she feels it comes easily to him because of his skill at "recognizing individual merit." In his letter of acceptance to Dr. Berry in late 1963, he mentioned his particular regret at relinquishing "the sense of responsibility for the young men in my department here."

When the joint Ad Hoc Committee met in November, 1962, to nominate a successor to Walter Bauer at the Massachusetts General Hospital, these two abilities and the considerable experience he had had exercising them certainly qualified Dr. Ebert as a candidate. But he possessed an additional asset that made him their final choice. Dr. Knowles has described it as "a deep awareness of the social and economic problems of medicine and hospitals, a keenly developed social conscience."

Finding the Jackson Professor and chief of medical services was almost as difficult as President Pusey's task of replacing Dr. Berry, and for many of the same reasons; it is no coincidence that two previous Jack-

son Professors, Calvin Ellis and David L. Edsall, also became deans. In 1928, Francis Peabody defined the role of chief of medical services in his "The Soul of the Clinic":

If the chief has any conviction as to the relation of doctors to their patients, to scientific research, or to any other aspect of his profession, this is his opportunity to bring it out, and in so doing he will determine the character of the clinic. . . .

What better chance to "determine the character" of medical education, at the General, at Harvard, and throughout America, than through the Harvard Medical Dean-ship? Those consulted on Dr. Bauer's successor also listed the chief's role of maintaining the Hospital's "special relation with the sick," which they felt the late Alan Gregg best described as "an expectancy of excellence" pervading all professional efforts and human relations in an institution. Such is the role of the Dean, aptly described by Dr. Herrman Blumgart when he called Dr. Berry "a prod," who must push for excellence in all aspects of medicine. The Ad Hoc Committee also described the department as a "strongly motivated group of talented individuals whose activities need leadership, balance, and coherence" — all essential for directing a productive faculty. Finally, the awareness of medicine's social and economic aspects that the Hospital considered so important will be needed more than ever before for leading today's Medical School.

Dr. Ebert has already demonstrated his concern in this area in the nine months he has been at the Massachusetts General. He has helped institute new units of preventive medicine and biomathematics, planned for a new surgical and special services building and a general expansion of the research area, and he has begun experiments in extending the teaching function to all patients in the Hospital.

Envisioning himself in his new role, Dr. Ebert defines this obligation in a new way: "The role of the uni-

versity as an oasis for time and thought must continue, but it must also face the 20th century dilemma of the rapidity of change in the outside world. Now it must occupy itself with facilitating the passage of its ideas to the community. How can it do this? Mutual respect between the two is essential; both are participating in this exchange for a common good. With the Medical School, I hope that its Affiliated Hospitals can provide such an interface with the community." Dr. Ebert also hopes to see more coordination among the University, the Hospital and the Profession; he believes "groups can and must be brought together to examine medicine's problems as scientific problems." During his term as dean he hopes to spur progress in using physicians more efficiently, financing more care for more people — probably privately — and educating doctors after their hospital training. Within the Medical School, he plans to reflect this concern for the community by attending to disease at *all* levels. "We must continue basic research at the same rate — we must not lose impetus — but at the same time it has become impossible to be specific in the study of disease. Answers must be acquired through what appear to be unrelated fields, that is, through an environment of 'free inquiry.'"

It is difficult to find any aspect of this man that does not reflect the quality of balance these statements contain. At home, his relationship with his family is warm and harmonious; there are three children, Elizabeth, 22, who was recently married to a medical student at Western Reserve; John, 20, who is in his junior year at the Miami University of Ohio; Tom, 16, who is in his upper middle year at Phillips Exeter Academy, and three cats. He and his wife manage to bring the family together as much as possible; they all particularly enjoy their vacations, either in various parts of Europe or at their "steady place" in northern Michigan. Dr. Ebert's favorite outdoor occupation is fly-fishing. He and his brother have been

known to spend hours wading in cold streams, coming home happy with only one trout. His wife says she "would never cross him in anything important that affects us, for he has excellent judgment. He can smooth out any situation effortlessly; he doesn't stay awake and stew about his decisions. He's easy-going and humorous in a quiet way, but when he speaks, people listen. He is very forceful."

A. Lawrence Lowell, former president of Harvard University, wrote that a college president must have the capacity "to tolerate ambiguity and have his pleasures vicariously, while others take the credit for what he has done. He must not associate himself with the advances of the institution, but he must accept the blame when things go wrong." It appears that President Pusey's choice is an excellent gamble on the future of the Harvard Medical School.

Photos by W. H. Tobey



Editorial

“Things Will Go Well”

On March 8, 1965, President Nathan M. Pusey announced the appointment of Dr. Robert Higgins Ebert as Dean of the Faculty of Medicine. His appointment will begin on July 1, 1965 and he will succeed the distinguished incumbent, Dr. George Packer Berry.

In 1869 a reorganization of medical education began at Harvard under the leadership of President Charles W. Eliot. At this time Professor Calvin Ellis became the Dean of the Faculty of Medicine and he helped President Eliot change the pattern of medical education in America until 1883 when Dean Ellis retired.

Since that time, the Dean of the Faculty of Medicine, as the representative of the President to the Faculty and as the representative of the Faculty to the President, has been a vital part in the organization of Harvard University in relation to medical education. The appointment of Professor Ebert is a wise and constructive action because he has had firsthand experience with teaching, with research, with the care of patients, and with administration. These are the four functions of the Harvard Medical School, and Professor Ebert has done distinguished work himself in each of these fields. More important perhaps is that he is a large-sized person who will bring to the Deanship experience, perception, energy, and wisdom. He has had experience elsewhere — in Oxford, in the University of Chicago, and in Western Reserve. He knows that there is more than one way to skin a cat, and he can be expected to apply this great principle to the complex affairs of the Harvard Medical School.

Another great principle is involved: important decisions in the University always have to do with the selection of people. If the best people are selected, things will go well; if poor people are selected, all will fail. Without exception, the turning points in the history of the Harvard Medical School have come at times when able people were appointed. The alumni of the Harvard Medical School should welcome Dr. Ebert because of his character, his accomplishments, and his courage, and they can look confidently at the developments in the Medical School which will take place under his direction.

C. SIDNEY BURWELL '19

Along the Perimeter

Dr. Glaser to be Dean of Stanford School of Medicine

After two years as president of the Affiliated Hospitals Center, Incorporated, Robert J. Glaser '43B has resigned to become vice president for medical affairs, dean of the School of Medicine, and professor of medicine at Stanford University.

From 1957 to 1963, Dr. Glaser was dean and professor of medicine of the University of Colorado School of Medicine, and during his years there he was instrumental in mobilizing the resources leading to the completion of that University's medical center.

"Dr. Glaser had shown himself to be a brilliant dean," said Dr. Berry. "During his short period here he has solved many of the major problems impeding the confederation of the Harvard Medical School and six of our teaching hospitals. Naturally, Dr. Glaser was sought out by Stanford, and," continued Dr. Berry, "I can easily understand why he was persuaded to return to the academic life he knows so well. He has told me how much he is looking forward to engaging again in teaching and research."

In a recent interview, Dr. Glaser said: "All the people concerned in the development of the complex — the hospital trustees, administrators and professional staffs — have been cooperative."

Dr. Glaser explained that difficulties are inevitable in bringing institutions together, even when they

have common aspirations and objectives. "The present situation is further complicated by the limitation of available land on which to build the complex," said Dr. Glaser. "Everybody knew from the start it would be a complicated venture, but there is no question that it is a tremendously important one."

Dr. Glaser emphasized his conviction that there would be successful implementation of the plans for the complex. "In no way will its existence affect adversely the relations of the other teaching hospitals in the Boston area. Rather, the new Center's functions will complement the work of the other hospitals and enhance the over-all strength of the entire Har-

vard Medical School."

The idea of constructing a hospital complex in the Longwood area is not a new one. It was conceived through the knowledge that much of what was said about medical schools in 1910 in the Flexner Report, and before that by President Eliot, is still valid. It was obvious to Dr. Berry fifteen years ago that the ties binding the hospitals to the Medical School had become inextricable. Interdependence lies, on the one hand, in the hospitals' desire to continue giving their patients the best possible care, and, on the other hand, to the School's very *raison d'être*, which is to continue giving their students an opportunity for the finest education.



Another Vote for Amherst

Since the *Bulletin* discussed, in its Fall, 1964 issue, the location for the new Medical School of the University of Massachusetts, stands have been reiterated more clearly and hopeful steps are beginning to be taken. The subcommittee of trustees originally appointed to choose the site, in deadlock for many weary months, has been dissolved and its responsibility shouldered by the entire University trustee body.

To prevent recurrence of delay, the board of trustees agreed to let professional surveyors Booz, Allen, and Hamilton draw up a set of guidelines by which the decision as to site should be made. Hopefully, this will untrammel the question from the political and economic biases that have prevented progress to date. When the Booz, Allen and Hamilton analysis comes before the board, valid criteria will determine the best site. In the past, the subcommittee had refused to accept the recommendations of six different survey groups who had all recommended Amherst.

The University has made another move that bodes well for locating the new school at Amherst. It has recently proposed constructing an \$18 million graduate research center; this could both supplement and complement the faculty and facilities of the new medical school. This development at Amherst will make even more successful the interdependence on the medical school and other graduate departments that medical educators know is so vitally essential.

If the new school were not to be located at Amherst, certain detrimental situations would inevitably exist. For example, separate science facilities would cost the parent institution and its graduate offspring millions of unnecessary dollars in duplicating faculties and facilities. Dr. Berry states flatly that "if the Com-

monwealth's new school is not made part of the University of Amherst, the school can never realize its full potential. Involved is the transcendent importance of doing everything possible to make the University of Massachusetts Medical School an excellent source of new doctors."

Dr. Berry feels that the only way the Commonwealth can produce more good doctors — doctors who can give their patients the best kind of care — is by thorough grounding in the biological sciences: to the investigation of them, to the teaching of them and to the clinical application of them. These interlocking methods of learning are essential for today's doctors, who cannot possibly become fully competent to help patients by clinical instruction alone. The old apprenticeship method of teaching is no longer adequate.

Dr. Lamar Soutter, dean of the new medical school of the University of Massachusetts, is grateful to Dr. Berry for what he calls, "the obvious intent of Harvard Medical School to give us a helping hand in getting started." He also explained in a recent letter to the Editor that "as a state school our primary objective will be to have excellent programs of medical education to train practicing physicians for the Commonwealth. We shall also be deeply concerned with providing new and improved programs of patient care for the benefit of the people from many parts of the Commonwealth, as well as with conducting research investigations that will contribute to progress in the health fields: research in medical science, in preventive medicine and in public health. These tasks are not easy. Quite the contrary! We shall need all the help we can get from the established medical schools and we are therefore particularly grateful to Harvard for its generous offers of assistance."



Protecting Human Life

Amphitheatre D at the Medical School was crowded to overflowing on April 2, 1965 when the 28th annual George W. Gay Lecture upon Medical Ethics was delivered by Paul A. Freund, Carl M. Loeb University Professor at Harvard. His topic, "Ethical Problems in Human Experimentation," was vital and timely.

Professor Freund noted that although there are no laws in the area of human experimentation, the responsibility for protecting the subjects of such experiments must not reside with a single person. "It is especially desirable in experiments which endanger the lives of the subjects," he said, "that a second echelon be established to review and share the ominous responsibility." He suggested that hospital review committees be considered as a means of maintaining high ethical standards.

The field of law seeks a "sensitive protection of life," he said. Warning against a growing philosophy that "social ends must override any sensitivity about individuals," Professor Freund questioned acceptance of the premise that modern medicine is posing questions that can no longer be solved by laboratory and animal experiments.

"In this age we may have to accept the fact that some limits do exist in the search for knowledge," he concluded.



Members listen attentively as Boylston Society president, Jeffrey Stein '65, delivers the paper of the evening.

Provoking Earnest Inquiry

"If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears . . ." Spanning 150 years of Harvard Medical School history, the Boylston Medical Society has heard the same drummer and stepped to his music.

The Society was founded on January 6, 1811 by Nicholas Ward Boylston. The articles of incorporation state that it was formed "for the purpose of promoting emulation and inquiry among the students at the Medical School connected with Harvard University." The Boylston Medical Society was incorporated in 1823 under the seal of the General Court of the Commonwealth of Massachusetts.

Nearly a century and a half later, the dominant intellectual chord of contemporary society asserted itself and the purpose of the Society no longer recognized emulation as a worthy stimulus to good thinking. The drummer's music has been augmented and the Society now functions "to provoke earnest inquiry into and free discussions of the tradition, the science, the art and the practice of medicine."

In the early years, the meetings were conducted in the classic tradition, emphasizing scholarship and organized disputations on a medical or paramedical topic. These first dispu-

tations ranged from the value of the study of pathologic anatomy, to the role of nervous sensibility, to "Is the Use of the Stethoscope of Sufficient Practical Importance to Be Recommended to Physicians Generally?"

Today the meetings are conducted in a less formal manner but the emphasis on scholarship remains. Following dinner attended by the president and members of the Society, the paper of the evening is presented. The discussor comments upon the subject matter of the paper before it is opened to general discussion. At the close of the evening, members enjoy liquid refreshment and cigars, the cigars being a gift of the student presenting the paper.

In the past year, the Boylston Medical Society has considered such topics as witchcraft, the role of humor in the therapeutic relationship, and the synthesis of antibiotics. Many papers have focused on social responsibility and have included discussions of medicine in the Soviet Union, hospital costs, the Federal Drug Administration, narcotics addiction and "The Physician and Man's Fate," a penetrating study of the physician's responsibility in a world of nuclear weapons and mass destruction.

Although the intellectual tradition of the Society is sacred to Boylston members, the nation's oldest medical society continues to march forward as the music of its drummer becomes more and more in tune with the contemporary problems facing medicine.

Lord Florey, This Year's Edward K. Dunham Lecturer

This year the Edward K. Dunham Lectures of the Harvard Medical School were given by Lord (Howard) Florey, Provost of The Queen's College, Oxford.

For three evenings, March 15, 17 and 19, Lord Florey spoke on the nature of experimental pathology and the development of vascular diseases. In his first lecture, he discussed the development of experimental pathology and considered, from his own experiences, the future evolution of pathology. The second evening he continued to expand this theme but emphasized the manner in which large molecules behave in contact with endothelium. In his final lecture he discussed experimentally produced arterial changes of an atherosclerotic nature. He also discussed the comparative pathology of lesions occurring naturally in various animals, particularly in hogs. He has established that in hogs the early lesions indicative of atherosclerosis are indistinguishable from those seen in man. Even though hogs have a low blood cholesterol content, they still develop the disease.

Lord Florey is president of the Royal Society. He was also co-recipient of the 1945 Nobel Prize, which he shared with Alexander Fleming and Ernst Boris Chain of Germany for successfully preparing penicillin in concentrated form. It was Lord Florey who induced the government and business interests in the U.S. and Canada to produce the antibiotic commercially. Lord Florey is the 12th Nobel Laureate to deliver the Dunham Lectures.

The Edward K. Dunham Lectureship for the Promotion of the Medical Sciences was established in 1923 to honor the memory of an HMS graduate of the class of 1886.

Those Who Help to Overcome

No one imagines that the historic march from Selma to Montgomery was the finale to the Negro's 100-year-old struggle for the right to vote. Many who made the march will never return to Selma, still they will never forget it; but everyone who either walked or drove that 50-mile stretch knows it was only a prelude for the struggle and work to come.

One man who is keenly aware of this is H. Jack Geiger, assistant professor of public health of the Harvard School of Public Health. As one of the original members of the Medical Committee for Human Rights, which was formed last summer by a group of New York health professionals, he has been actively engaged in helping to set up the Committee's health program, particularly in those areas where voter registrations are attempted.*

Since last September Dr. Geiger has been co-chairman, with Dr. Count D. Gibson, Jr., professor of preventive medicine at Tufts University School of Medicine, of the long-term, national MCHR programs in the Black Belt, particularly in Mississippi. In this area the MCHR's program is simultaneously the health program of the National Council of Churches' Delta Ministry. The NCC plan a 10-year effort involving adult literacy training, vocational training, community organization and leadership training in the Delta Ministry. Dr. Geiger is the health director for that ministry.

Since last fall, MCHR-NCC, un-

*The Medical Committee for Human Rights is now a national organization, with a rapidly growing membership of 3000 physicians, dentists, nurses, medical social workers and other health professionals from all parts of the country. An article about MCHR appeared in the Fall, 1964 issue of the *Bulletin*, "Now Is the Summer of Our Discontent," by Edward J. Sachar, M.D.

der Dr. Geiger's supervision, has had three full-time public-health nurses in Mississippi. Each nurse works in a different county providing health education, maternal and child-health training, welfare assistance, and tries to stimulate the development of locally led, county-wide, health improvements. Once rapport has been established between the medical professionals and the local people, then the MCHR-NCC institute a year's demonstration program. They find the money and the personnel to provide a demonstration prenatal and child health clinic, a mobile health unit for teaching and service, and an expanded health-education program, but most importantly, they encourage participation by local Mississippi physicians. At present the response has come from Negro physicians — in all the State there are only about 50 — but hopefully, in the future, white physicians will also become interested.

These developments stem from MCHR's involvement in the Mississippi Civil Rights movement last summer. This year they plan to volunteer their services as the supportive medical arm to the workers involved in the movement in Mississippi, Alabama, and Louisiana.

The background to these long-range efforts is the appalling Negro infant and maternal mortality rates in Mississippi. At present the infant mortality rate in that state is 49 per 1000 live births, and the maternal mortality rate is 15.3 per 10,000. The Committee would like to explore ways in which health can be improved despite the poverty. The overall income per capita in Mississippi urban areas is \$850 per year, and in rural areas \$470 per year. MCHR-NCC would also like to find ways to motivate the Negro population to struggle for the establishment of health service that they have never before experienced.

When asked what the MCHR did during the Selma crisis, Dr. Geiger explained that before the first (and bloody) Sunday march, Selma's leaders of the Southern Christian Leader-

ship Conference appealed to MCHR for assistance. "We had a team of 5 physicians and 6 nurses together with local Negro physicians and 5 local ambulances," said Dr. Geiger. For the 50-mile march itself, there were eleven ambulances, with 2 doctors and a nurse accompanying the marchers. The International Ladies Garment Workers Union sent down a fully equipped trailer clinic. Once all its tires were slashed, but every evening the clinic-on-wheels was waiting for the marchers at the chosen campsite.

Dr. Geiger, the realist and man of action, said of the march:

Selma's Negroes were the real heroes; they gave food, shelter and help to all who needed it; they always displayed magnificent courage. I have never experienced anything like the Selma march in my life. It was a unique example of direct personal involvement of people from all over the country. Their profound moral indignation had been aroused, so they came to Selma. There were stockbrokers, businessmen, housewives, physicians, scientists, TV and radio stars, politicians and, of course, the clergy.

I shall never forget my amazement when I returned to Selma on March 20th, after I had been away a few days, and I went directly to the Church that had been established as a First Aid center the week before. Then it had seemed large, empty and echoing, but on March 20th, I found it swarming with people. It was being used not only for services, but also as a general HQ, mess hall and indoctrination center. Later on, in Brown's Church, I heard the *Kaddish* being intoned by a rabbi, while an interracial congregation sang "We Shall Overcome" at a memorial service conducted by a Unitarian minister.

Besides working in the South, the MCHR has established chapters in eight northern cities: New York, New Haven, Boston, Pittsburgh, Detroit, Chicago, Los Angeles and Washington, D.C. All these cities will have active medical programs to help with the discrimination problems that ex-

ist in both the northern and southern states. There are many HMS Alumni among the sponsors and workers of the Medical Committee for Human Rights, such men as: Edward L. Young '09, Paul D. White '11, Leo Davidoff '22, John L. Daughey, Jr. '30, Elliott Hurwitt '37, James P. Dixon, Jr. '43B, Alan Aisenberg '50, and John Madden '58.

Dr. Geiger believes the Civil Rights program is the central issue of our national life. As a physician, the MCHR gives him, as it does the other 3000 members, an opportunity to be involved where a need exists. All who were in, or went to, or merely read about Selma, were witness to that need.

Building Begins

The New England Regional Primate Research Center in Southboro, Massachusetts, is now under construction. A contract of \$1.85 million for the building was recently awarded to the Fuller Construction Company of Boston.

The Center is being built on part of a 140-acre tract of land 25 miles west of Boston. It will be a two-level building of brick and concrete and will house the administrative offices, research laboratories, and various species of monkeys to be used in research programs. The building is expected to be finished in the spring of 1966.

The Primate Center, under the direction of Bernard F. Trum, D.V.M., is being developed by Harvard University in collaboration with several Boston and New England universities and medical institutions under a grant from the Division of Research Facilities and Resources, National Institutes of Health, USPHS. It is one of seven regional primate centers to be established in the United States by the NIH.

The New England Center's objectives are to create research opportunities in an academic environ-

ment for those who wish to pursue research related to subhuman primates. Among the various types of research to be undertaken will also be that seeking basic information on the primate as an experimental animal, which in turn will help to establish preferred species for various types of research related to human health problems.

PROGRAM NOTES

Trustees of the Future

"The Alumni have been charged, in a sense, with a trusteeship for our School's future," said Claude E. Forkner '26, the National Alumni Chairman of the Program for Harvard Medicine for the past two and one-half years. Dr. Forkner has crossed the country several times, attended scores of meetings, and spoken formally and informally to hundreds of Alumni. Now as the Alumni are making every effort to reach their goal before the June 30 deadline, Dr. Forkner cites the various contributions they have already made to strengthen Harvard Medicine.

For years the Alumni have participated in the planning and building of the School, and they have given generously and inspired others to give to keep the Medical School financially strong. In the present generation, this support is taking three important forms:

Annual Giving to the Harvard Medical Alumni Fund which reached a total of \$181,867 for the year 1963-1964. This sum represents gifts from 4,133 Alumni and is a 69 per cent participation. "It is a record which has seldom, if ever, been equalled by other professional schools, and one which I am confident will be sustained even during the Program," said Dr. Forkner.

Gifts by the Alumni to the Program for Harvard Medicine which has now reached \$2,890,000. This is 83 per cent of the Alumni goal of

\$3.5 million. Some Alumni have found it more convenient to spread their gifts over a three to five year period. "Many Alumni have told me," said Dr. Forkner, "that they look upon a personal pledge to the Program as an attempt to replenish the 'principal' that Harvard spent for our educations, and their annual gifts to the Alumni Fund as repayment of the 'interest.' With many pledges of five, ten and twenty-five thousand dollars balanced against the equally generous but smaller amounts given by recent graduates, the average Alumni gift exceeds \$1,300."

Alumni Ambassadors for Harvard Medicine who have been seeking gifts from other sources. These Alumni have a strong sense of personal identification with Harvard's welfare and they have been responsible for raising over \$4 million for the Program — \$1,518,000 from patients, the rest from corporations, foundations, and those individuals with whom they have close contact. Dr. Forkner points out that physicians have "an unexcelled opportunity to represent the needs of our Medical School to our friends and patients."

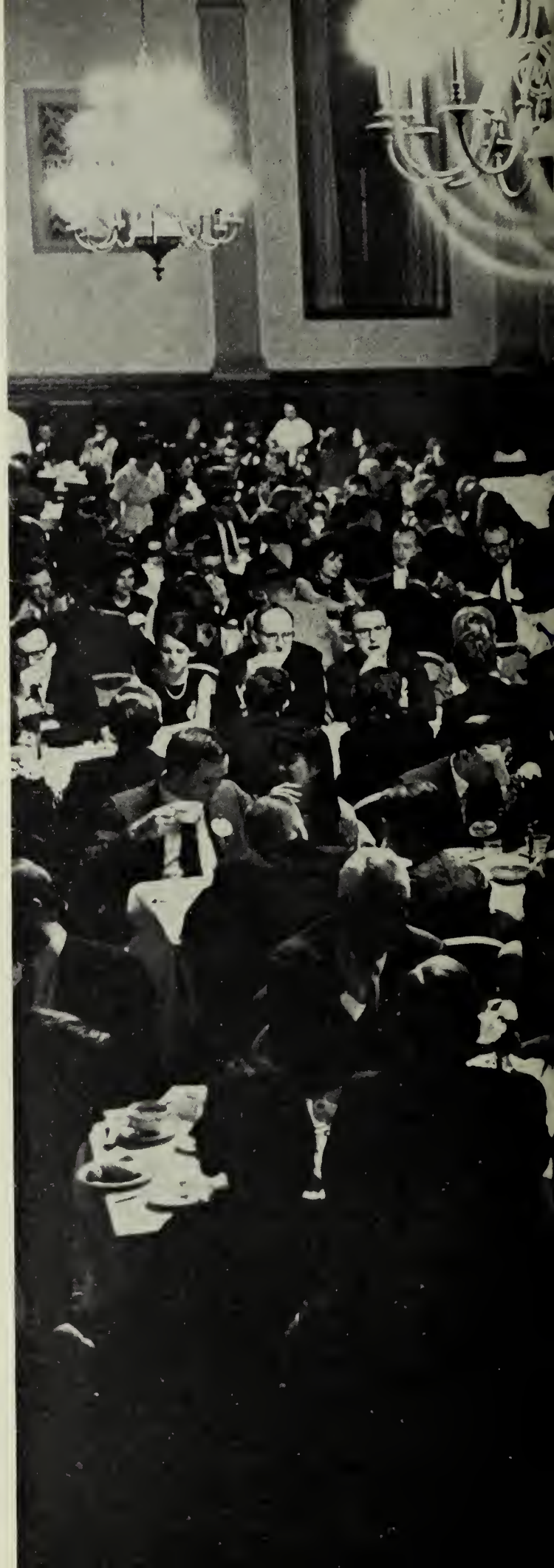
The enthusiasm and gratitude to the Medical School repeatedly expressed by the Alumni in their letters and comments to Dr. Forkner have impressed him. No less has the response of the younger Alumni who are still bearing heavy financial burdens. One young physician-teacher wrote, "Living on a faculty salary with a wife and six children to support, I can only say that my effort carries the highest regard and sincerest appreciation for Harvard Medicine." Older members have been similarly generous; an Alumnus of the class of '34 accompanied his pledge of \$3,000 with a note saying, "Having much to be thankful for as far as Harvard is concerned, I wish I could do better."

Dr. Forkner is optimistic that the Alumni goal of the Program will be exceeded by Alumni Day. "But we must still bend every effort and pledge every dollar we can to assure its success," he said.

Senior Class Guests of the Alumni Council



The evening of March 8, 1965 was a memorable one for HMS IV students when they were made official members of the Harvard Medical Alumni Association. At the Alumni Council Dinner, Langdon Parsons '27 said: "I welcome you; not into the Great Society sponsored by a rival organization, but into the Most Exclusive Society in this country — the Harvard Medical Alumni Association. You all know how difficult it was to get on the original list. Now you are fully fledged members and on behalf of all the Alumni, I salute you." Other welcoming speeches were given by Herrman L. Blumgart '21, Dr. Berry, Dr. Robert H. Ebert, and Thomas B. Quigley '33.





Photos by Dan Bernstein





INTERNSHIP LIST

1965

Unless otherwise noted all internships start July 1, 1965 for one year.

<i>Name</i>	<i>Hospital and location</i>	<i>Service</i>
Aadalen, Richard J.	University Hospitals of Cleveland, Cleveland, Ohio	Surgery
Adams, H. Dan	Peter Bent Brigham Hospital, Boston	Surgery
Anderson, Larry S.	King County Hospital, Seattle, Washington	Rotating
Avent, C. Kirk, 2d	University Hospital and Hillman Clinic, Birmingham, Alabama	Medicine
Babson, William W., Jr.	Medical College of Virginia, Richmond, Va.	Surgery
Baldwin, Stanley S.	Peter Bent Brigham Hospital, Boston	Surgery
Barry, William H.	Peter Bent Brigham Hospital, Boston	Medicine
Beachley, Michael C.	Medical College of Virginia, Richmond, Va.	Surgery
Bernstein, Robert S.	Boston City Hospital (Harvard Service), Boston	Medicine
Bienfang, Don C.	Beth Israel Hospital, Boston	Medicine
Bisgard, Carl V., Jr.	King County Hospital, Seattle, Washington	Rotating
Black, Ira B.	North Carolina Memorial Hospital, Chapel Hill, North Carolina	Medicine
Bodenheimer, Thomas S.	Boston City Hospital (Harvard Service), Boston	Medicine
Brisman, Ronald	Johns Hopkins Hospital, Baltimore, Md.	Surgery
Bunim, Lesley S.	Bellevue Hospital (N.Y.U. Service), New York City	Pediatrics
Burstein, Nelson A.	Massachusetts General Hospital, Boston	Surgery
Carmody, John L.	Boston City Hospital (Harvard Service), Boston	Surgery
Casella, Charles W.	San Francisco General Hospital, San Francisco, California	Rotating
Chabner, Bruce A.	Peter Bent Brigham Hospital, Boston	Medicine
Chally, Cecil H.	University of Minnesota Hospitals, Minneapolis, Minnesota	Medicine
Clark, Daniel L.	Mary Fletcher Hospital, Burlington, Vt.	Rotating
Clark, William D.	King County Hospital, Seattle, Washington	Medicine
Clermont, Gerald H.	Strong Memorial Hospital, Rochester, N.Y.	Surgery
Cohen, Edward M.	Bellevue Hospital (Columbia Service), New York City	Mixed
Cohen, Max H.	Massachusetts General Hospital, Boston	Surgery
Cooke, J. Carey, 3d	Undecided	
Cornell, Richard	Buffalo General Hospital, Buffalo, N.Y.	Medicine
Couser, William G.	University of California Hospitals, San Francisco, California	Medicine
Cox, Paul M., Jr.	Grady Memorial Hospital, Atlanta, Georgia	Medicine
Crespin, Stephen R.	University of Minnesota Hospitals, Minneapolis, Minnesota	Medicine
Cronk, Richard V.	Peter Bent Brigham Hospital, Boston	Surgery
Crumpacker, Clyde S., 2d	Boston City Hospital (Harvard Service), Boston	Medicine
Danielson, Kenneth S.	Strong Memorial Hospital, Rochester, N.Y.	Surgery
De Giacomo, Frank C.	Bellevue Hospital (N.Y.U. Service), New York City	Medicine
Denckla, W. Donner	New England Deaconess Hospital, Boston	Biochemistry
Donahower, George F.	Cleveland Clinic Hospital, Cleveland, Ohio	Mixed
DuBrow, Edward L.	Boston City Hospital (Boston University Service), Boston	Medicine
Dunkman, W. Bruce	University Hospitals of Cleveland, Cleveland, Ohio	Medicine
Farhad, Mina	Mount Auburn Hospital, Cambridge	Mixed
Feldman, Bruce A.	Hospital of the University of Pennsylvania, Philadelphia, Pa.	Rotating
Filtzer, Horst S.	Boston City Hospital (Harvard Service), Boston	Surgery
Fisher, George U.	Peter Bent Brigham Hospital, Boston	Medicine
Fisher, Thomas L.	Bronx Municipal Hospital Center, New York City	Mixed
Gershon, Elliot S.	Mount Sinai Hospital, New York City	Medicine
Gewirtz, George P.	Bellevue Hospital (Columbia Service), New York City	Mixed
Gilmore, Edward B.	Massachusetts General Hospital, Boston	Medicine
Godfrey, Henry P.	Barnes Hospital, St. Louis, Missouri	Medicine
Goldstein, Robert E.	Bronx Municipal Hospital Center, New York City	Medicine
Graham, Valerie A. L.	Undecided	
Greene, Martin L.	Massachusetts General Hospital, Boston	Medicine
Gurwith, Marc J.	Palo Alto-Stanford University Hospital Center, Palo Alto, California	Medicine
Hajek, Joseph V.	Massachusetts General Hospital, Boston	Surgery
Hardy, Russell W., Jr.	Boston City Hospital (Harvard Service), Boston	Surgery

Haughie, Glenn E.	University Hospital, Seattle, Washington	Medicine
Hollenberg, Robert D.	University Hospitals of Cleveland, Cleveland, Ohio	Surgery
Hufnagel, Dorothy A.	Kings County Hospital Center, Brooklyn, N.Y.	Mixed
Hughes, Edward M.	Buffalo General Hospital, Buffalo, N.Y.	Medicine
Hughes, James E.	University of California Hospital, Los Angeles, California	Medicine
Hyland, Robert N.	King County Hospital, Seattle, Washington	Rotating
Jacobson, Eric S.	Los Angeles County General Hospital, Los Angeles, California	Rotating
Jaqua, Richard A.	Massachusetts General Hospital, Boston	Pathology
Kagnoff, Martin F.	Peter Bent Brigham Hospital, Boston	Medicine
Kaltreider, H. Benfer	University Hospitals of Cleveland, Cleveland, Ohio	Medicine
Kane, Robert L.	University Hospital, Lexington, Kentucky	Medicine
Kapelovitz, Leonard H.	Buffalo General Hospital, Buffalo, N.Y.	Medicine
Kark, R. A. Pieter	Boston City Hospital (Harvard Service), Boston	Medicine
Kenyon, Charles D.	Cincinnati General Hospital, Cincinnati, Ohio	Medicine
King, Alan S.	Buffalo General Hospital, Buffalo, N.Y.	Medicine
Kondon, John J., Jr.	University Hospital, Lexington, Kentucky	Medicine
Kopriva, Charles J.	Mount Auburn Hospital, Cambridge	Mixed
Krenis, Laurence J.	Presbyterian Hospital, New York City	Surgery
Kuehl, Karen E. S.	Cleveland Metropolitan General Hospital, Cleveland, Ohio	Pediatrics
Kuehl, W. Michael	Cleveland Metropolitan General Hospital, Cleveland, Ohio	Medicine
Lane, Joseph M.	Hospital of the University of Pennsylvania, Philadelphia, Pa.	Surgery
Lange, Gretchen	Medical College of Virginia, Richmond, Va.	Mixed
Langer, Terry	Massachusetts General Hospital, Boston	Medicine
Langston, Charles S.	Boston City Hospital (Harvard Service), Boston	Medicine
Levin, Arthur L.	Boston City Hospital (Boston University Service), Boston	Pediatrics
Levine, Barry W.	Presbyterian-St. Luke's Hospital, Chicago, Illinois	Medicine
Loescher, Richard A.	Massachusetts General Hospital, Boston	Medicine
London, Wayne P.	Bronx Municipal Hospital Center, New York City	Medicine
McCrae, Charles R.	Roosevelt Hospital, New York City	Mixed
McKay, David A.	Buffalo General Hospital, Buffalo, N.Y.	Medicine
McLaughlin, Ambrose P., 3d	Massachusetts General Hospital, Boston	Surgery
McNamara, John J.	Vanderbilt University Hospital, Nashville, Tennessee	Medicine
McReynolds, John S.	Karolinska Institute, Stockholm, Sweden	Neurophysiology
Mallory, Andrew	University of Minnesota Hospitals, Minneapolis, Minnesota	Medicine
Manchester, Joel H.	University of Utah Affiliated Hospitals, Salt Lake City, Utah	Mixed
Mark, Roger G.	Boston City Hospital (Harvard Service), Boston	Medicine
Miller, Donald W., Jr.	Roosevelt Hospital, New York City	Mixed
Mixter, Charles G., 3d	Massachusetts General Hospital, Boston	Surgery
Mueller, Kenneth H.	Cincinnati General Hospital, Cincinnati, Ohio	Pediatrics
Neeley, G. Richard	University of Colorado Medical Center, Denver, Colorado	Surgery
Nelson, James A.	University of California Hospitals, San Francisco, California	Surgery
Niewoehner, Dennis E.	University Hospitals of Cleveland, Cleveland, Ohio	Medicine
Oberlander, Samuel G.	Bronx Municipal Hospital Center, New York City	Surgery
Omenn, Gilbert S.	Massachusetts General Hospital, Boston	Medicine
Poser, Gary E.	Presbyterian-St. Luke's Hospital, Chicago, Illinois	Medicine
Quereau, Marcia M.	Hospital of the University of Pennsylvania, Philadelphia, Pa.	Rotating
Ratzan, Kenneth R.	Presbyterian Hospital, New York City	Medicine
Reider, Arthur E.	Mount Zion Hospital and Medical Center, San Francisco, California	Mixed
Reiling, Walter A., Jr.	Boston City Hospital (Harvard Service), Boston	Surgery
Rhoads, George G.	Hospital of the University of Pennsylvania, Philadelphia, Pa.	Rotating
Riker, Jeffrey B.	Boston City Hospital (Harvard Service), Boston	Medicine
Roath, Michael S.	Los Angeles County General Hospital, Los Angeles, California	Rotating
Rosenberg, Eugene B.	University of California Hospital, Los Angeles, California	Medicine
Rozycki, Alan A.	Children's Hospital Medical Center, Boston	Pediatrics
Schniewind, Henry E., Jr.	Grady Memorial Hospital, Atlanta, Georgia	Medicine

Schnur, James A.	Beth Israel Hospital, Boston	Medicine
Scolnick, Edward M.	Massachusetts General Hospital, Boston	Medicine
Seder, Richard H.	Harvard School of Public Health	Human Ecology
Selden, Richard	Peter Bent Brigham Hospital, Boston	Medicine
Shurin, Paul A.	Boston City Hospital, Boston	Pathology
Smith, Charles B.	Harvard Medical School, Boston	Pharmacology
Smith, Thomas W.	Massachusetts General Hospital, Boston	Medicine
Snyder, Peter J.	Beth Israel Hospital, Boston	Medicine
Stachura, Maximillian E.	Buffalo General Hospital, Buffalo, N.Y.	Medicine
Stage, David E.	University Hospital, Seattle, Washington	Medicine
Stein, Jeffrey A.	Presbyterian Hospital, New York City	Medicine
Steinglass, Peter J.	University of California Hospitals, San Francisco, California	Pediatrics
Stenson, Robert E.	Beth Israel Hospital, Boston	Medicine
Stewart, Douglas K.	King County Hospital, Seattle, Washington	Rotating
Stewart, Michael M.	Massachusetts General Hospital, Boston	Medicine
Stiglitz, Mark L.	University of California Hospital, Los Angeles, California	Medicine
Stoll, Ralph W.	Peter Bent Brigham Hospital, Boston	Medicine
Wallace, James W.	Peter Bent Brigham Hospital, Boston	Surgery
Wandel, Thaddeus L.	Genesee Hospital, Rochester, N.Y.	Medicine
Weinberg, Alan G.	University Hospitals, Columbus, Ohio	Medicine
Wishner, Stanley H.	Presbyterian Hospital, New York City	Medicine
Wolf, Laurence E.	Massachusetts General Hospital, Boston	Surgery
Wolfe, Stephen A.	University Hospitals of Cleveland, Cleveland, Ohio	Surgery
Young, Philip E.	King County Hospital, Seattle, Washington	Surgery

Picking up the Future





AN EXPLANATION

by Eliot F. Porter '29

IN an unguarded moment, I agreed to write an article for the *Alumni Bulletin*, on why I gave up medicine for photography. Later I realized that the article would necessarily in part be a personal confession, the validity for which would rest on my presumption of its importance to others. Furthermore, it would include my consideration of the life of one who has influenced me profoundly, which might also be regarded as presumptuous. I have tried to avoid such criticism by making the account uncomplicated.

I came into medicine indirectly from a primary interest in another scientific field. I did not choose to study medicine, as many students do, because of a professional dedication to humanitarian ideals. I took it up as a logical sequel to an interest in chemistry, which had its inception in high school under the inspiration of a teacher who introduced me to Slossen's *Creative Chemistry*. At that time the boundaries between the sciences were beginning to be blurred by overlapping areas of activity. The most exciting advances in chemistry during my undergraduate years were, so it seemed, being made in the chemistry of biological functions rather than in pure organic chemistry as suggested by Slossen. To enter this burgeoning field a knowledge of biology and physiology was essential, and so I decided that I must go to medical school to pursue truth through science. Nonetheless, I was idealistic enough to be shocked during my first year by some of my classmates' frank admissions that they chose medicine in order to make money. It was of course consistent with the temper of the time of those post-First World War boom days that medical students, along with almost everyone else, should be preoccupied with quick wealth.

Another influence has always paralleled the birth and development of my fascination with science. It was heavily weighted on the emotional and artistic side and was manifest by an early attraction to nature that bore fruit only years later. As a child, I found all living things a source of delight; this was not an expressible or even a comprehensible feeling; I was simply tremendously attracted by them. I still remember clearly some of the small

“Then ageless in your heart, I’ll come to rest

Serene and proud as when you loved me best.”

Hans Zinsser, 1878-1940

SONNETS

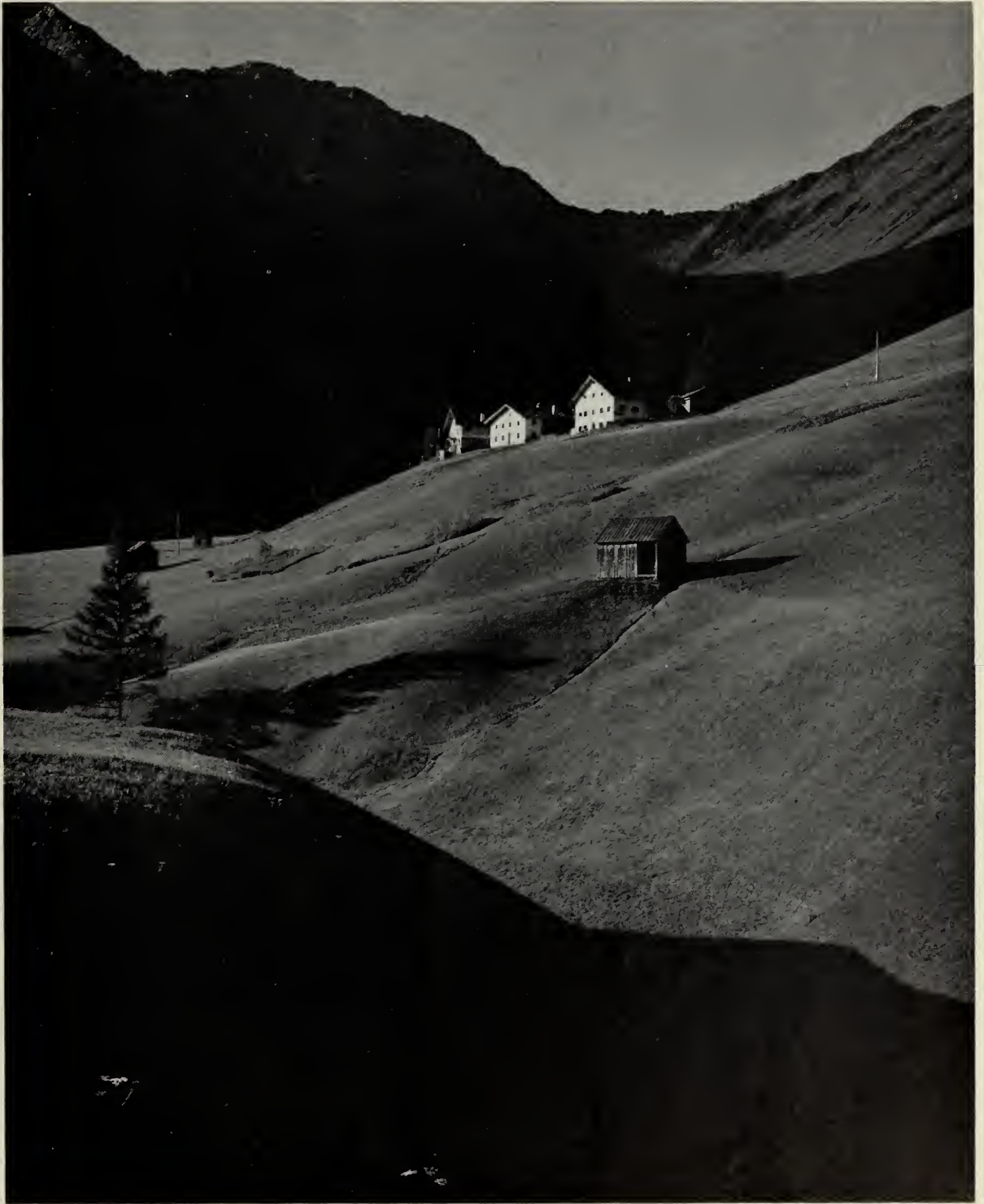
objects of nature I found outdoors: tiny potato-like tubers that I dug out of the ground in the woods behind our house; orange and black spiders sitting on silken ladders in their webs; sticky hickory buds in the spring; and yellow, filamentous, witch hazel flowers blooming improbably in November. I did not think of them as beautiful, I am sure, or as wondrous phenomena of nature; although this second reaction comes closest to the effect they produced on me. As children do, I took them all for granted. But I believe it is not an exaggeration to say, judging from the feeling of satisfaction they gave me when I rediscovered them each year, that I loved them.

Also during this time I developed a capacity for observation that has lasted all my life: a capacity connected with the natural world, but deficient in other areas, such as with people, cities, or the interiors of houses. Thus my wife can change the decoration in our living room and I may not notice it for weeks. But outdoors I saw a great deal, and without trying, became engrossed with nature. Very soon my attention was drawn to birds, a common enough interest, but in my case it has gradually sharpened its focus, from youthful collecting, to learning all about birds, to photographing them. I also made collections of butterflies, but in time this preoccupation also became sublimated in photography. I never considered making a career in natural history; these interests were merely a background in my life until they pre-empted my attention years later.

ENTERING medical school is a very exciting experience. Suddenly one is confronted with an entirely new point of view toward biological phenomena. Biology deals with life and living processes, toward which the student is expected to be objective. Thereby he escapes personal involvement, and in proportion to his avoidance of identification is able to become a reliable observer of his environment. A plant, a protozoan, an insect, an amphibian, and even a mammal are creatures toward which it is not difficult to assume a completely

detached attitude. But as soon as the student begins to study the human body, whether grossly or histologically, he finds he is no longer looking through an opened window onto a newly discovered world outside, but into a mirror where he sees himself. A high degree of objectivity towards oneself is certainly attainable, but for those of us for whom it is possible, it usually requires lifelong effort. The traditionally hard-boiled first-year medical student is only protecting himself with a not-too-impervious shell concocted of his very vulnerability. Not only is he thrown suddenly face to face with his physical self, but he is also subjected to a view of all its mal-functions and the disease processes which may wholly corrupt it. This can be quite a shock, but it is also a high adventure which carries him along like a cresting wave over many submerged reefs of apprehension.

Soon after entering medical school I met a man whose influence on my life was more profound than that of my high school chemistry teacher, more than that of any other human being except my father and mother; and it lasted for a decade. He was Dr. Hans Zinsser. Everyone of my generation in Harvard Medical School knows who Dr. Zinsser was: knows the significance of his professional life as a bacteriologist, has experienced the impact of his brilliant teaching on second-year students and is perhaps acquainted with him as a writer and poet. But no one knows what he did for me except myself. I was subjected to all of these other influences that he exerted through his dynamic personality, but to much more besides. Painful as the process eventually became, Dr. Zinsser helped me clarify my thoughts enough to appraise my most important potentialities and aspirations. This was merely a by-product of his hopes for me, however, and because it led me in another direction, it was difficult for him to accept. Nevertheless, it was a gift to me for which I shall forever be grateful. I am grateful to him also for the greatly expanded outlook he made possible for me, for the advice which I did not always follow, for his understanding, and for his friendship.



IN two years I got to know Dr. Zinsser very well.

I was *persona grata* in his house on Beacon Hill and also at his farm in Dover. I was welcome at any time of day or night as one of his family, and in fact he later told me that he loved me like a son. I could go to him for advice on any problems that beset me, emotional and intellectual, and he would give me unstintingly of his attention and time. His love I returned with great affection and the greatest admiration; nevertheless, it was a responsibility that weighed heavily on me at times.

In many ways we were alike; he knew it and it was a source of his affection for me. He was a romantic idealist in both his personal and professional lives, which I welcomed as a confirmation of my own feelings. Although the spark of romance that can light human relations at the start has a way of losing its intensity, if one is lucky, it does not die but warms them by its persistent glow. Dr. Zinsser recognized and accepted the inevitability of this kind of change, but possessing an incorrigible ego, he found a sublimation of his personal nostalgias into the limitless, intellectual romanticizing of science inevitable and necessary. Our relationship suffered this evolutionary change too, losing its fire but not its basic mutual respect.

Moreover, his drive for scientific fulfillment was an obsession he manifested by constant talk about breakthroughs in his research and that of his associates. Research is commonly motivated by either a desire for detailed information from which a construct of a situation or a phenomenon can be built, or by an inspirational insight that initiates experimentation. The two approaches, of course, complement one another; but Dr. Zinsser, because of his romanticism, attached greater value to the latter and considered it inseparable from the creative process by which all great discoveries are made.

Since I had chosen medical school as a step along a path dedicated to science, it was logical that Hans Zinsser's influence should have diverted me from biochemistry to bacteriology. In both sciences chemistry was fundamental, and along with developments in immunology, was assuming ever greater importance in the understanding of disease and resistance to it. There was an atmosphere of imminent discovery during the 1920's that, together with the encouragement and inspiration of a man like Zinsser, fostered a fever of excitement in his associates. I was fortunate to be allowed to join the department in a minor capacity in my last year in medical school and take up research on bacteriological problems.

I think I can say that for ten years I worked diligently on various projects, none of which I ever developed into any promise of significant discovery. Inspirational insight continued to elude me, in spite of much encouragement from Dr. Zinsser, and so I plodded along with humdrum manipulations, called "experiments," that never seemed to lead anywhere. One facet of Dr. Zinsser's romanticism was his belief that a dedicated researcher would lose himself in his work so completely

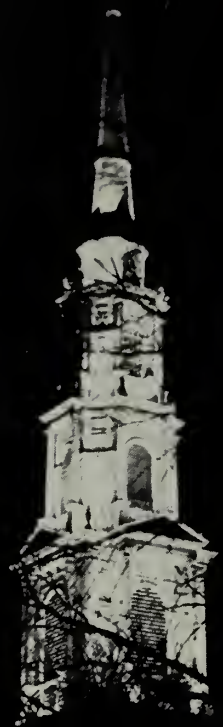
that sooner or later he would have to be rescued by his colleagues from starvation or nervous collapse. I never attained that state of immersion, for which I felt the guilt that comes from failing to live up to the expectation of another; and although I did often work at night, it was largely because I felt guilty if I did not. And when I took long weekends off, or summer vacations, I always sensed his disapproval. It simply seemed worse to me to spend long hours and days in a laboratory and get nowhere. I had started with the conviction that I would make discoveries but this changed into hope and ended in despair. I did not clearly understand that most of research involves a slow, painstaking gathering of facts and information, and so my unrealistic views of it at last degenerated into disillusionment about my inherent capacities. I was unable either to starve myself into success or suffer nervous collapse to attain it, but I did discover that perhaps I was not cut out for this kind of career. And the truth began to dawn on me that one cannot succeed solely through the pressure of someone else's aspirations, no matter how much you admire him.

Probably partly as solace for my failure at research I began, after a lapse of several years, to take photographs and observe nature again. And although in a last flash of effort I transferred to another laboratory, where I worked conscientiously on a biophysical problem under another man, the seeds of my interest in nature had by now taken root too deeply and were beginning to put forth their own fruit. From time to time during this period I showed my photographic work to Alfred Steiglitz who gave me encouragement but never once suggested that I contemplate giving up science. Finally in 1939 he offered to exhibit my most recent photographs. His gallery of art was the most sought-after in New York, indeed in the whole Western hemisphere, for he was the first man to bring the great modern French painters to this country. To have my work exhibited at An American Place was an honor and a distinction that overwhelmed me. Under the stimulus of this recognition, I at last realized that I must make the break with science. Dr. Zinsser did not approve; he was convinced that I was wasting my abilities, but it was my life and only I could make the ultimate decision concerning its disposal.

I do not want to leave the impression that I regard those years spent in a laboratory as wasted ones. Without them I might never have been able to discover my talents in photography and art, and without Zinsser I might have gone on into medical practice and prospered well. But I do feel that whatever creative potential I have — though one can never know the end of the untried road — would not have found fertile ground in medicine. Moreover, who could renounce an association that cast a light of self-examination on him in such impressionable years? Hans Zinsser opened my eyes to my own inner capabilities: by his inspiration, by his expectations for me, by his personal dedication, and by the honesty and zest of the life he lived.



The above picture was taken by Eliot Porter in New Mexico in 1961; the spruce trees on Great Spruce Head Island, Maine in 1954; and the Austrian photograph was included in the Stieglitz show in 1939.



MULTITUDES in the VALLEY of DECISION

by Joseph L. Dorsey '64

Physicians have long been concerned with laws that regulate certain aspects of their relationship with their patients. They are particularly likely to become incensed by statutes which interfere with what they consider the practice of good medicine. However, some of the actions a physician feels inclined to perform in his line of duty also pertain to the common welfare of society; society has a vested interest in watching over him and is likely to lay down regulations regarding the practice of medicine in the same way it does regarding business, politics, and other areas. Although the physician is quite right to insist that his doctor-patient relationship is a private matter, he must also recognize there are some areas which become of public importance because of their relationship to the mores of society. Thus today one finds the medical profession involved in the formulation of laws dealing with vivisection, with transplantation of organs, with euthanasia, abortion, sterilization and contraception.

This article is concerned with the so-called birth control law of Massachusetts and current attempts to revise it. In the 19th century, citizens of the United States

Dr. Dorsey is medical house officer at the Peter Bent Brigham Hospital

Photos by Dave Lawlor

were in general agreed that birth control was immoral and should be made illegal. At one time only one state, New Mexico, lacked a law proscribing contraceptives. Today there remain but two states, Massachusetts and Connecticut, in which it is effectively made a criminal offense to sell, advertise, or distribute information or articles for the purpose of preventing conception. In Connecticut it is a crime even to use a contraceptive. At this moment movements are underway in both states to free physicians from the laws — in the legislature in Massachusetts and in the courts in Connecticut.

The simple fact that a particular civil law prevents a doctor from providing what appears to him to be a justified medical course of action for an individual patient does not prove the law bad. Because of the overwhelming importance we attach to the welfare of each of our patients, we become understandably distraught when prevented from exercising our precious right to give an individual the type of treatment we think is indicated. Society is forced to take a broader view, however, and, if her overall welfare appears threatened by certain actions, must establish restraints. In principle these restraints should be incorporated into civil law only when they reflect principles commonly agreed upon by the community. In a nation constituted of individuals of many different religious persuasions there will necessarily be areas of disagreement. Where people do commonly agree on a principle, such as the malice of infanticide, the laws will be written clearly and forcefully. But in those instances where responsible citizens cannot agree on a principle, it seems imperative to avoid interfering with actions in the realm of private morality, though it may be necessary to regulate actions which by their nature are considered in the realm of public morality.

In 1847 and 1879 the Massachusetts legislature enacted laws which made it a crime to sell, advertise or distribute information or articles designed to prevent conception. This action was part of a nation-wide movement to legislate obscenity and pornography into oblivion. It evolved from a Protestant philosophy of life and it was Protestant legislators who wrote the law. The moral principles commonly held by the citizens formed its foundation, for in the 19th century, Massachusetts Catholics had no strong influence in the legislature.

Over the years, however, non-Catholic religions came to take a different position on the morality of birth control, and this type of law fell into disfavor. Some felt that the law did not apply to physicians in the care of their patients, but the State Supreme Judicial Court put an abrupt end to this speculation in 1938 (*Commonwealth vs. Gardner*) when "Mothers' Health Clinics," staffed by physicians, were declared illegal.

In 1942 a petition was filed to amend the law by excluding physicians who considered it necessary for the health of their patients to prevent pregnancy. Citizens of the Commonwealth remember only too well the acrimonious words that swelled out of the State House halls

and spilled across newspapers and radios and into every home and meeting place in the state. No single issue in the 20th century ever exerted a more religiously divisive effect.

Catholics argued that birth control is a sin against the Natural Law of God which is binding on all men; that the State law should not contradict God's law, and that the State should not lend dignity to the practice by making it legal. They feared a change would lead to a decline in public morals and cited statistics from the Boston City Hospital as proof that women were not dying from medically contraindicated pregnancies. The opposition argued that birth control was a morally good practice; that it was considered part of good medicine by many doctors; and, that the State was infringing on the rights of doctors by interfering with their practice of medicine.

The amendment eventually went before the people in the form of a referendum and was defeated, 58-42. Again in 1948, the entire story was repeated with the consequent reopening of old scars. Then for 16 years the issue lay dormant. Occasionally a stir would be heard, as when, in adjacent Connecticut, the Court heard the repeated pleas of Dr. C. Lee Buxton, chairman of Yale's department of obstetrics and gynecology, to have that State's statute declared unconstitutional.

In spite of the few pronouncements, it did become clear over the years that Catholic sentiment on the civil law aspects of birth control was changing. There were articles in Catholic journals — some for specialists in moral theology and others for the average layman — that favored abolition of such laws.

Developments in theological theory began to influence the statements of interested prelates. In February, 1963, Cardinal Cushing was quoted in *The Pilot* and the *Boston Daily Globe* as follows:

If and when such legislation comes before the voters again, I propose to confer with the best authorities we have to find out how I am obliged in this matter. My policy in the future would be just to explain our position but not to go out campaigning.

An even stronger statement came from Cardinal Cushing in October, 1964:

In no way will I feel it my duty to oppose amendment to the law.

On December 2, 1964, Duncan E. Reid, William Lambert Richardson Professor of Obstetrics, head of the department of obstetrics and gynecology and chief of staff at the Boston Lying-in Hospital, and David D. Rutstein '34, professor of preventive medicine and head of that department at Harvard Medical School, having sensed that the time was opportune, filed House Bill #1401. The proposed amendment states simply that:

... the law shall not apply to the furnishing by a registered physician or registered pharmacist of drugs or articles intended for the prevention of pregnancy or conception; nor to the furnishing of information as to where such drugs may be legally obtained.

The next step in the legislative process was a hearing before the Joint Committee on Public Health. The change in sentiment among Catholics was sensed by the community at large, and in the ensuing weeks remarkably little publicity was given to the anticipated hearing. What was said was uniformly favorable and was presented in a calm and refined tone.

On March 2, 1965, the Committee, headed by State Senator William X. Wall, first heard from Dr. Reid the reasons why obstetricians considered the proposed amendment critical. Then the Chair recognized Mr. Henry M. Leen, a prominent Boston attorney, who was representing Cardinal Cushing. Mr. Leen read a statement prepared by Cardinal Cushing which said:

It does not seem reasonable for me to forbid in civil law a practice that can be considered a matter of private morality . . . but . . . I am of the opinion that House Bill #1401 should not pass as it is presently drafted.

Cardinal Cushing explained that the Church had not changed its teaching on the intrinsic immorality of artificial birth control, but that She also recognized the distinctions between moral and civil law, between private and public morality. And with regard to the area of civil law, he repudiated the principle that says one can . . .

... resort to the coercive instrument of law to enforce upon the whole community moral standards that the community does not commonly accept.

He advised . . .

... that the proposed amendment be referred to a study commission representing a broad community consensus which can recommend to the legislature an amendment carefully drafted to satisfy the conscientious opinions of the whole community.

The remainder of the hearing was anti-climactic. A seemingly endless string of representatives of religious and civic groups and private citizens followed Mr. Leen to the stand in support of the amendment. Opponents to the Bill were numbered on the fingers of one hand.

There are many who will conclude that the Church is no longer found in opposition to such an amendment because She is about to effect a fundamental revision in Her teaching on the morality of birth control. It is indeed a historical fact that the Church is in the process of "a study as broad and deep as possible" on the morality of birth control. At the same

time changes in the civil law are being sought. But the Church's principles on which it bases its change of attitude toward the State birth control laws are not those regulating conjugal morality, but rather those principles regulating the formulation of laws in a pluralistic society. In the United States most Catholic moral theologians anticipate no great change in the Church's teachings on birth control. One can find champions of an amendment even among the staunchest defendants of that Church's traditional teaching on birth control.

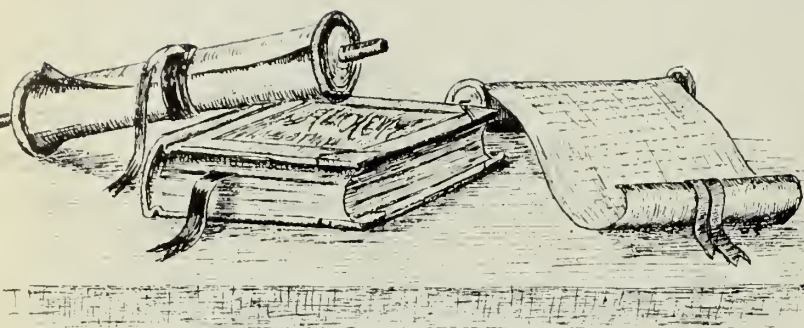
"The law" is a bad law; not because birth control is considered good, but for the following reasons: it no longer reflects the moral consensus of the community, and in certain instances makes it a criminal offense for parents to carry out what they consider their positive duty; it involves the state in the realm of private, not just public morality (the manner of advertising and distributing contraceptives certainly remains in the realm of public morality); it is a widely unenforced and unenforceable law and selects out those who must use clinics rather than private doctors to exert its effect. In addition it has for too many years been a religiously divisive issue.

Why was the amendment not given unqualified approval? The reasons were not spelled out by the Cardinal, probably because a listing of negative points would have conveyed the impression of very reluctant approval. Even with the precisely and prudently worded statement given, one paper followed with the headline "Cardinal Opposes Birth Control Bill." The best guess is that the following points were in the Cardinal's mind: 1. the absence of any distinction between single teenagers and married adults; 2. the need for regulation of methods of advertising and distributing contraceptives; 3. the need to state clearly for posterity that the laws dealing with abortion are not affected.

It took the Committee exactly one day to approve of the proposed study commission.

This is where matters stand at the time of this writing. The commission has been viewed by some as a tactic to delay any vote until next year, a year in which many legislators are up for re-election and action would be hard to obtain. In fact, the reverse of this tactic is true. For it is the opinion of the representatives of the Catholic Church that the interests of society would not be best served by maintaining the law as it stands and there will be no attempt by the Church to delay the passage of a *well formulated* amendment. As *The Pilot* was quick to point out, the work of the study commission should not be a long task. With the groundwork already laid out one would hope to see the commission report back by early summer and action taken during this session.

For physicians the opportunity is presented to work for a law which would both let them provide the type of help that most non-Catholics view as an intimate part of medical care, and be more in accord with the moral consensus of society.



Drawings by David G. Perkins '68

Because of the nature of my work, my view of the author is limited to the physician and scientist and my view of writing to the book, so that a word about the general image of the physician in contemporary life may be in order. Here too let me say that images are also symbols and tend to be of a sharply physical rather than abstract nature.

When I was a boy the image of the physician was indissolubly connected with a stone home on a corner lot. On the driveway before its two-car garage stood a Buick automobile. These are symbols of solidity and stability. It was in those days quite safe to sustain some kind of medical emergency past 4:30 in the afternoon.

The physician was a central figure of community life. He presided at birth, presided at the miracle of healing, and presided at death. For many complex and good reasons, however, that image has changed, and so has its symbol. Perhaps today the electron microscope symbolizes the modern biomedical scientist. Our use of symbols is always varied and often unconscious. Just as the stone home of yesteryear was something more than a shelter, so today he who buys an electron microscope may have different kinds of magnification in view.

In short, the mind of medicine has moved from the patient's bedside to the laboratory bench. This move has meant a thousand-fold increase in medicine's effectiveness, but it has also meant a new kind of impersonal medicine. Preventive measures in diphtheria are infinitely more useful but infinitely less personal than the old heart-broken vigil at diphtheria's bedside.

But, of course, the physician is no less a person than ever he was. One of the great pleasures of publishing medical books is to see in the creative process of writing the intense individuality of the physician-writer. A great deal of the best writing is still done on the kitchen table at midnight — much like the emergency delivery of bygone times without the towels and hot water. Such writing is done without computers and without a team of experts; the author is equipment and team all in one. This is

A PUBLISHER'S IMAGE of the AUTHOR

by John L. Dusseau

Mr. Dusseau originally presented this article as a speech to a recent meeting of the Society of University Surgeons and of the Association of University Anesthetists. He is vice president and editor of W. B. Saunders Co., Publishers, Philadelphia.

because his motivation is the lonely but compelling one of creation.

If the impulse to write is a whim, it is a whim of iron. One thinks back upon that rhapsodic romantic, Dante Gabriel Rossetti, who after the suicide of his beautiful young wife impulsively tossed in her grave as an act of desperate penance the only manuscripts of much of his recent writing. Six months later he had her dug up and published the poems.

Perhaps too I should preface my view of the author with a word about the nature of the book itself. What in the world is it? It is clear that we all have a common notion of the book, but the mind boggles a little at precise definition. Clearly, the book has an intellectual rather than a physical character. When the Sterling Library at Yale was built and this vast Neo-Gothic pile rose imposingly on the campus, the local gentry used to come about and observe this marvel. Finally, on its completion, the librarian posted a notice on the door. It said: "What you see before you is not the Sterling Library. The Sterling Library is inside."

The book, then, comes from within — within the writer's mind, within the reader's mind. If it is a fine



. . . he had her dug up and published the poems.

book, we may say of it that it is the outward and visible sign of inward and spiritual reality.

In his fine survey of Welch's influence on modern medicine, Fleming thus reviews the history of the teaching book: Hellenistic Alexandria saw the birth of what we now recognize as the textbook in science. It came into being as a recognition that the advance of science requires the forming of a consensus of expert opinion, a consensus intended not to repress innovation, but to create general acceptance of the current status of knowledge as a springboard for further advance. It is this notion of the necessary expert consensus and of the equal necessity for its authoritative formulation that gave rise to the textbook in the broadest meaning of that term.

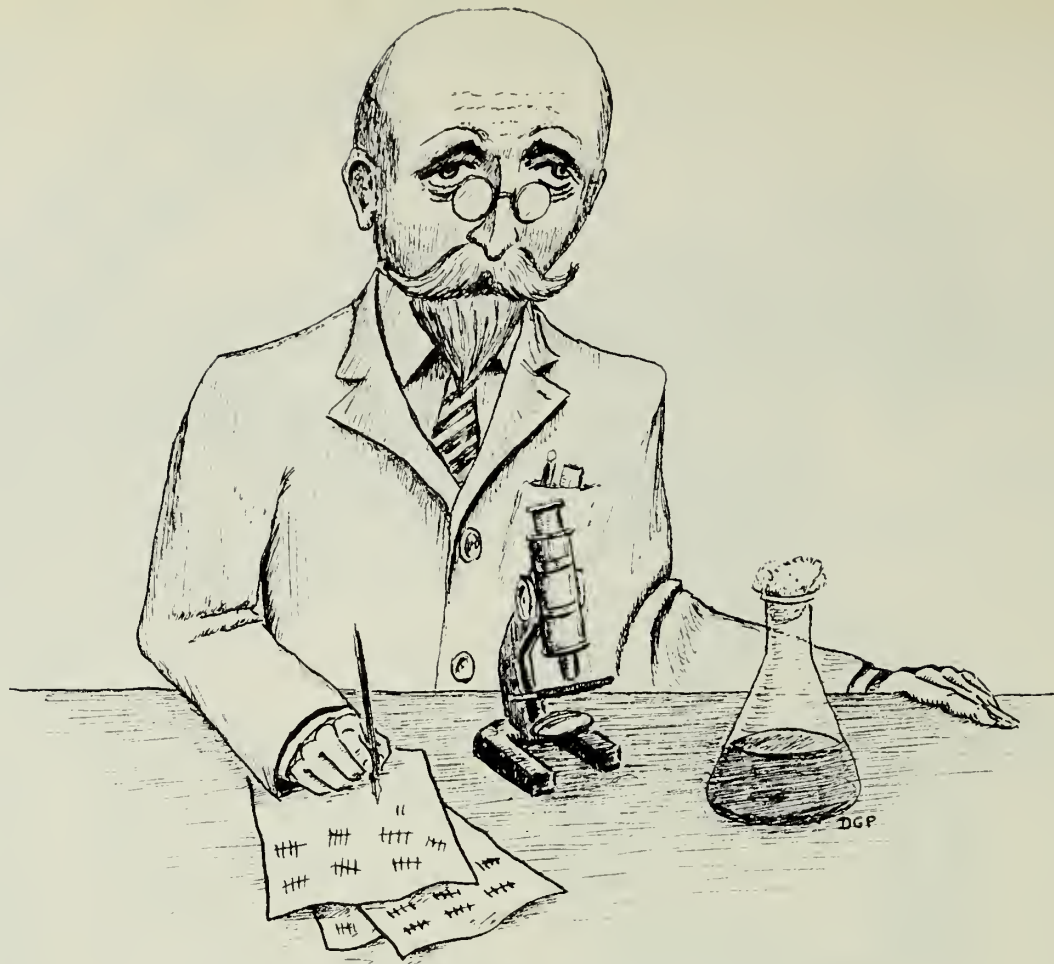
Thereafter, the pursuit of the scientific consensus never ceased, and with the comprehension of its necessity arose the notion of the almost sacred character of the book: the book which represents the best of which the author is capable, the considered consensus of contemporary knowledge. The book then, as it concerns us, as it concerns the reader, the writer, the editor, is the record, the organization, the explanation of scientific knowledge

by an expert mind, acknowledged to be an authority, hence, an author.

What of the other baffling word that has come into our definition: science, particularly biologic science? Can we give this word anything like a satisfactory interpretation? Perhaps we can begin by an example of what might be called nonscience. The Bishop of Ravenna, in the ninth century prepared a great history of the Church, and had this to say in his preface:

Where I have not found any history of these bishops and have not been able by conversation with aged men, or inspection of the monuments or from any other authentic sources, to obtain information concerning them, in such a case, in order that there might not be a break in the series, I have composed the life myself, with the help of God and the prayers of the brethren.

However pleasant and admirable his process of biography may be, it is not scientific biography, for the first requirement of science is that it be based on fact. Sir William Dampier has called science "the ordered knowledge of natural phenomena and the rational study of the



6,993,427,713 . . . now where was I?

relationship between the concepts in which these phenomena are expressed." Science then, is not merely a set of facts, but is also a way of giving unity and intelligibility to the facts of nature, so that natural phenomena may be manipulated and understood, and so that new facts may be predicted.

What then is put down, accurately, precisely and wisely as the truth, springing from certain circumstances, will itself never change and will always have value. It is only the circumstances that will change and so create not a truer truth but different truth. Circumstances and fashions of the mind do change.

As George Bernard Shaw has observed, the mystic, calculating the number of angels that can be accommodated on the point of a needle, is now Sir Almroth Wright, computing the number of streptococci contained in a specific volume of serum. Somehow, sevens and angels are out of fashion, while billions and streptococci are all the rage. This is not to say that either calculation is ridiculous, or that either is not within its own frame of reference a legitimate search for truth. Both sets of ideas stretch credulity, both rest for their acceptance on the authority of a writer. Very few of those who believe these data have seen either the angels or the streptococci. In fact, cosmology and science have both gone in and out of fashionable favor, and both at times have existed peacefully together.

The achievement of truth rests on the scientist, its

expression rests upon the writer. Ideally, they are the same man. Here then is our picture of the author.

He must be a leader, and his influence must rest on authority, not willfully seized or capriciously conferred, but granted to him by the scientific community. He must be able to recognize, to understand, and to synthesize a whole body of knowledge relating to the segment of science he seeks to set forth. And finally, he must be able to formulate in understandable and accurate terms the governing principles and concepts of his science. This is the author, the explainer of current truth, but truth founded, expressed, and achieved in such a way as to have the permanent value that elevates all wisely secured partial truth.

Now I should like to particularize a little about the author. Above all, he must be industrious. He must have that capacity for sustained, incredible, mankilling work which we have all seen, and at which we must all marvel. He cannot resemble that well-known Oxford don, of whom it was said that the time he could spare from the adornment of his person, he devoted to the neglect of his duties.

This industry must spring in large measure from a sense of dedication, but this must be a balanced zeal, not an unreasoning fanaticism. Someone has asked: "Can history offer a more terrifying prospect than that of a band of desperate ruffians, led by a fanatic aristocrat?" "Unhappily," he answered, "it can, that of a band of Presbyterians, rising from their knees to do the will of God." In

fine, the author's sense of dedication must be a scientific avowal, not a self-confirmed appointment. It must consider facts, but be aware of the relative nature of truth.

The author too must see himself and his work as going on timelessly and as overriding all usual and human difficulties. There are enough people to attend to the usual concerns of the world. Someone must attend to the writing and someone else to the delicate sensibilities, the utter unreality, and the rare endowment of the author.

You may be surprised that I have stressed so little what might be called practical considerations of writing. My conviction is that there are no practical considerations in writing, and indeed few in publishing. There is scarcely a human activity less practical than scientific writing. Any writer or any publisher who sets before himself the objective of practicality will in the end either unconsciously forsake that goal or perish by it.

My essential feeling is that a manuscript may be written in crayon on frayed celluloid shirt cuffs and submitted in a peach basket; but somehow, somewhere, some editor will fight his way through that peach basket and decipher that illegible scramble and publish that awful monstrosity of a manuscript if — and that is the if that counts — if it really has something to say.

Of course, all editors like neatly typed copy and beautifully drawn illustrations. These nice neatnesses represent real virtues but are not of themselves virtue. I have always had a most secret but abiding admiration for Timothy Dexter, an accentric but noble New Englander, who wrote a book of no small dimension and no mean scope and put

all the punctuation in an appendix so the reader might use it according to his own taste and discretion. As Horace Greeley said, in still another connection, "I have no use for a man who can spell a word only one way."

The dream of the editor is not the vision of beautiful copy. It is the dream of the great book, the classic contribution. There always seem to be enough capable typists — there are never enough great writers either in fiction or in science. Small as is the supply of truth, it has never been exceeded by demand.

The late Alan Gregg used to tell a story of an early meeting of the Board of Trustees of the Rockefeller Foundation — a meeting incidentally held at the famous Rockefeller estate which George Kaufman described as an example of what God could have done if He'd only had the money.

The Reverend Frederick T. Gates was called upon by Rockefeller to wind up the meeting with a suitable peroration. Gates, who took his philanthropic duties with ministerial zeal and profound seriousness, really put it on the barrelhead. Shaking his fist at the startled Board, he boomed: "When each of you prepares to shuffle off this mortal coil and comes to face his Heavenly Maker, do you believe for one instant that Almighty God will query you about your trivial sins, your paltry misdemeanors and your insignificant accomplishments. No," he thundered, "he will ask you simply, *What have you done for the Rockefeller Foundation?*"

I shall conclude by asking you simply, *What have you done for your publisher?*

. . . all editors like neatly typed copy.



Physician of Many Facets

by George E. Gifford, Jr., M.D., M.A.

If nineteenth century Boston had a Renaissance man, it was Dr. Jacob Bigelow. This Harvard Medical Professor of Materia Medica and Botany, who was born in 1787 and lived to a venerable 92, accomplished more in one life than did at least ten of his fellow Bostonian intellectuals.

As the son of a Watertown Congregational minister, his admittance to Harvard College at that time was as inevitable as the hereafter. During his senior undergraduate year, the young Bigelow was introduced to anatomy through the lectures of Dr. John C. Warren, and he discovered that "a physician might be fluent and accomplished and serve his generation in other ways than as a mere vehicle of pills and plasters." In 1809, therefore, he chose to journey to the University of Pennsylvania in Philadelphia to study medicine under the famous Drs. Rush, Wistar, Physick and Barton. On returning to Boston in 1810 with his M.D. degree in hand, he considered "laying siege to *part* of the practice of Cedar Swamp and Dungy Hole" by assisting an older physician in "learning me to make bullets, pills and sleeve-buttons." However, soon afterward he hung up what he called "the customary tin sign" in Boston itself, where he was associated with Dr. James Jackson, Professor of the Theory and Practice of Physick. As Jackson's partner, Bigelow was to be "at hand at all needed times."

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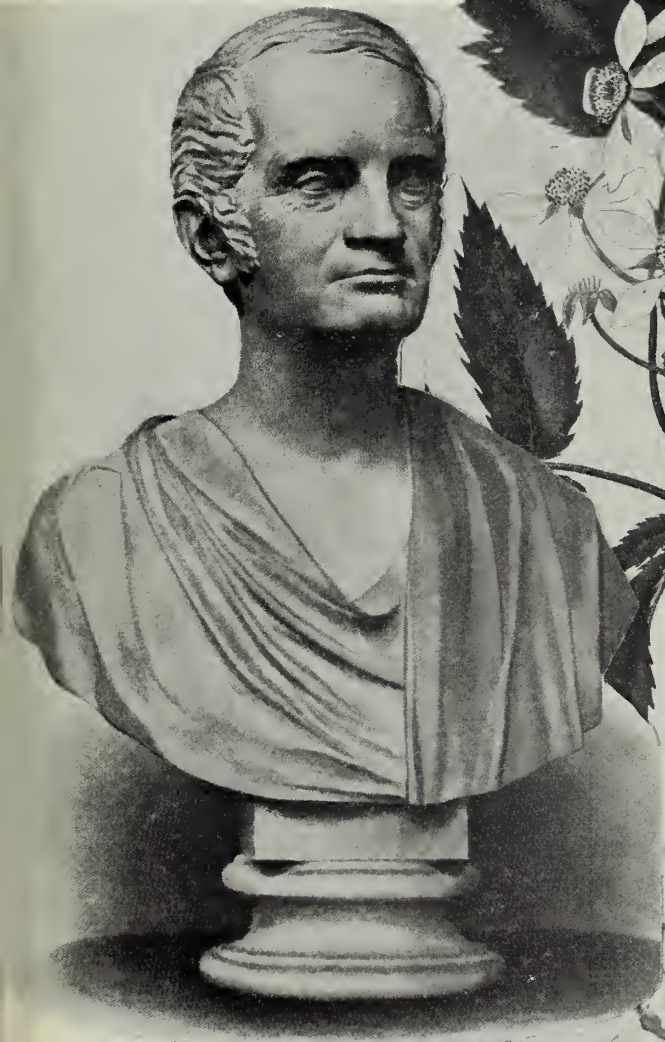
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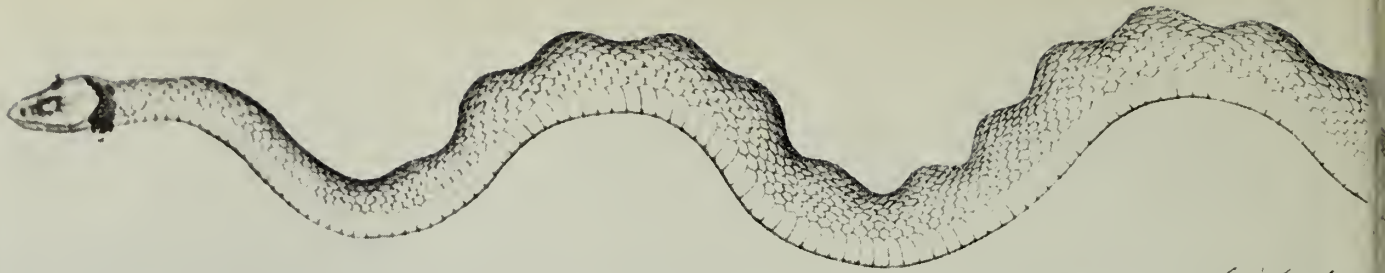
THE CLASSICAL MOTHER GOOSE.

Argutos inter strepere anser olores.

By

CAMBRIDGE:
NOT PUBLISHED):
UNIVERSITY PRESS
1871.





Bigelow immediately took a hand in the intellectual life that had begun to flourish in Boston at that time. A member of the Anthology Club, which was a forerunner of the Boston Athenaeum, he also helped found the Linnaean Society, predecessor to the Boston Society of Natural History. In 1812, only two years after his graduation from medical school, he was honored by election to the American Academy of Arts and Sciences.

Of particular interest to him during that time, however, was botany. He lectured on that subject at Harvard and made a collection of plants within a ten-mile radius of Boston that he described in his first book, *Florula Bostoniensis*, published in 1814. The next year Bigelow was appointed Lecturer in Materia Medica and Botany at Harvard, and he began work on his three volumes of *American Medical Botany, Being a Collection of the Native Medicinal Plants of the United States*: Vol. I, 1818; Vol. II, 1819; Vol. III, 1820. Not only did Bigelow write the text but he did most of the drawings, inventing his own form of aquatinting for this purpose. He has described his adaptation of this process of printing an impression in one step in color from engraved copper plates as follows:

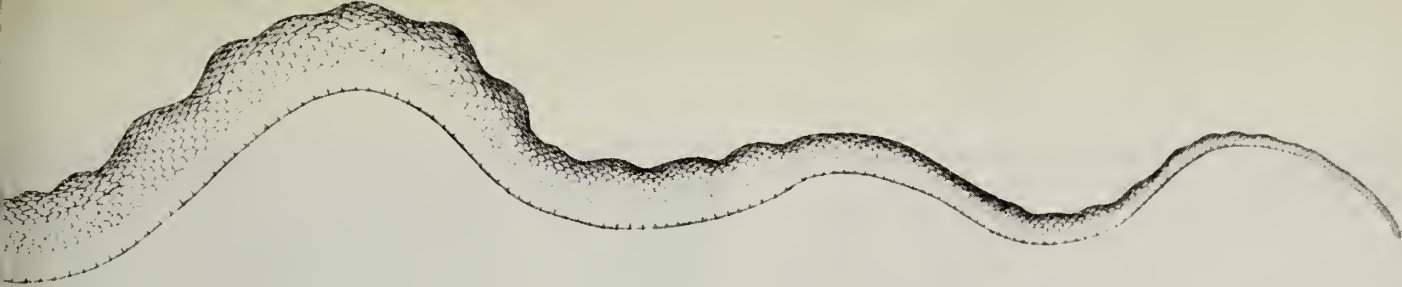
After many trials, a compound of gamboge and Prussian blue ground in nut oil was found to answer sufficiently well, and a workman could strike off a hundred complete copies in a day.

American Medical Botany, which contains 20 plates in each volume, is a botanical classic in this country. The plates are accurate but beautifully stylized and tinted with vivid but natural colors.

During the years Bigelow was producing this classic, he also held two Harvard professorships simultaneously, having become Rumford Professor of the Application of the Sciences to the Useful Arts in 1816 and advancing from Lecturer to Professor of Materia Medica and Botany in 1818. He relinquished his Rumford Professorship in 1826, and in 1829 his lecture notes were published as *The Elements of Technology*. He has often been credited with popularizing the word "technology."

As sponsor of a science still so embryonic in form, Dr. Bigelow was drawn into some very curious investigations. In August of 1817, several sober and respected citizens of Gloucester, Cape Ann, Massachusetts, testified to seeing the head and neck of a serpent-like animal





Atlantius

MAY 22 1841



projecting some eight to ten feet above the water. Shortly thereafter some haymakers in a nearby salt marsh killed a similar animal that possessed a row of protuberances resembling those of a sea serpent, and the excited public assumed this specimen was a "spawn" of the adult sea serpent.

Bigelow was asked to sit as a member of a Linnaeum Society committee which reported on the large marine animal. He drew the "immature" specimen, naming it the *Scoliophus Atlanticus* because of its singular curvatures of the spine, and his engraving went into the final *Report of a Committee of the Linnaeum Society of New England: relative to a large marine animal, supposed to be a serpent, seen near Cape Ann, Massachusetts*, Boston, 1817. However, unfortunately for future sea serpent enthusiasts, the preserved "spawn" was several years later exposed by the great comparative anatomist, Jeffries Wyman, as a deformed black snake.

During the same year Bigelow courted and married Mary Scollay of the famous Boston family of pharmacists, who gave the Square in Boston its name though not its later reputation. Their son, Henry Jacob Bigelow, also became a professor at the Medical School in the department of surgery.

As his reputation increased, Bigelow's consulting practice became enormous, and he was asked to serve as visiting physician to the Massachusetts General in addition to his other academic work. It was inevitable that a man in so many different scientific circles would become a major contributor to Boston's medical renaissance of the early 1800's. He, John Collins Warren, and James Jackson founded the *New England Journal of Medicine*. As the leader of five editors of the first *American Pharmacopoeia*, Bigelow suggested a simplification of the nomenclature that distinguished the American volume from its British counterpart.



In 1835 he read an address "On Self-Limited Diseases" before the Massachusetts Medical Society that had an immense effect. At the time Bigelow was writing this great classic in medicine, Louis had just begun demonstrating in France that blood-letting was not an effective cure for pneumonia. Clinically it was an age of extremes: while physicians were letting oceans of blood and poisoning their patients with drugs, homeopaths were prescribing ineffectively precise and minute dosages. Bigelow wrote of this period:

A man who falls sick at home or abroad is liable to get heroic treatment, or nominal treatment, random treatment, or no treatment at all, according to the hands into which he may happen to fall.

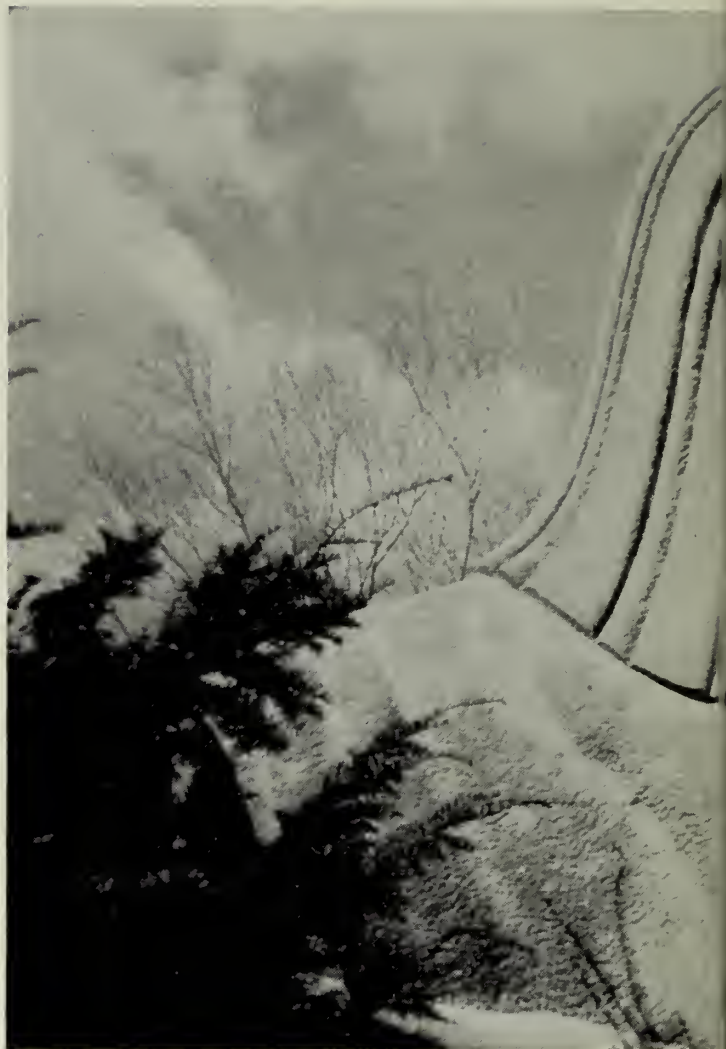
It was Bigelow who first effectively spoke out against heroic measurement practices in the United States. By turning against the doctrines of his old teacher Benjamin Rush and bringing together modern experimentalism with the ancient Hippocratic *vis medicatrix naturae*, Bigelow forwarded the concept that diseases too have a natural history:

By a self-limited disease I would be understood to express one which receives limits from its own nature, and not from foreign influences: one which, after it has obtained foothold in the system, cannot, in the present knowledge, be eradicated, or abridged, by art, but to which there is due a certain succession of processes, to be completed in a certain time, which time and process may vary with the constitution and condition of the patient, and may tend to death, or to recovery but not known to be shortened, or greatly changed, by medical treatment.

Of this classic of American medicine Oliver Wendell Holmes wrote in 1879: "This remarkable essay has probably had more influence on medical practice in America than any similar brief treatise, we might say than any work ever published in this country." Its brilliance has not tarnished: as recently as in the 1962 Alan Gregg Lecture C. Sidney Burwell '19 called Bigelow's treatise "a disquisition which in my opinion should be read annually by those who live in a therapeutic age, such as the present one."

Bigelow was able to forward his medical views more widely by co-editing with Oliver Wendell Holmes a book called the *Principle of the Theory and Practice of Medicine*, 1839, by Marshall Hall, and also by his own *Nature in Disease*, 1854, *Brief Expositions of Rational Medicine*, 1858, and *Modern Inquiries*, 1867.

By becoming so influential in American medicine Bigelow was able to help establish scientific education as well as mold it. In 1840 he reworked his earlier *Elements of Technology* under the title *The Useful Arts Considered in Connection with the Application of Science*, which became a textbook for science educators. During the years 1846 to 1863 he became president of the American Academy of Sciences, a member of the visiting committee of the Board of Overseers of the Lawrence Scientific School at Harvard, and a trustee of the University's Museum of Comparative Zoology. He was also able to play an active role in the founding of Massachusetts Institute of Technology as one of its first four vice presidents. Throughout the country he became the spokesman for "technical" knowledge in opposition to classicism, even though he himself was a brilliant classicist. In his "An Address on the Limits of Education" at MIT in 1865 and "Classical and Utilitarian Studies"



Jacob Bigelow's Sphinx in the

before the American Academy in 1866, he explains himself on classical education:

The derivation of words is often curious and interesting, but not always important. A man who suffers a calamity gets neither consolation nor useful knowledge from the fact that the word 'calamity' means 'a heap of corn,' and a lady in a ball room, who is appraised that she is the cynosure of all eyes, would not necessarily be raised in her own esteem had she been trained to understand that the word 'cynosure' means 'a dog's tail.'

During these active years in mid-life Bigelow did not abandon his earlier love for botany, and characteristically, his contribution to the field was totally original. In 1831 he founded the Mt. Auburn Cemetery, which was the first ornamental, extra-urban cemetery in this country. A free thinker who cared little about his century's preoccupation with a happy hereafter, he conceived of it as simply an enormous private garden. He designed and laid out its beautiful formal lawns and



Mount Auburn Cemetery, Cambridge, Mass.

beds and its fence, gateway, tower and chapel. By combining his botanical knowledge and artistic ability into this single achievement, Bigelow also established himself as an outstanding early American landscape architect.

But this is not the last of the many facets of this man. He also enjoyed writing literary jokes, and either delighted or outraged New Englanders by his book of poems entitled *Eolopoesis, American Rejected Addresses*, 1855, containing parodies of Bryant, Longfellow, Holmes, Emerson and Lowell. He explains in a note at the end that the title is a compound of *aiochos*, various and *πoinois*, poetry. Under the initials of O.W.H. in the book appeared the following "To a Tadpole," which could be considered a parody on Holmes' "Chambered Nautilus:"

Thou nimble, polymorphous thing,
With limbs within thee bound,
Depending on thy caudal fin
To scull thy body round!

I fain thy character would read,
From signs that thus prevail,
And swear thou hast a waggish head
On such a waggish tail.

Thou navigator of the ditch
If life in mud be sorrow,
Cheer up for he that dies today
May live to jump tomorrow. . . .

Equally amusing is his Victorian equivalent to the recent *Winne Ille Pooh*, which he called *Chenodia*, or *The Classical Mother Goose*, 1871. In a slim green volume published with his own funds, he rendered Mother Goose rhymes into graceful Latin or Greek. For example:

<i>Ansercula vagula blandula</i>	Goosey goosey gander
<i>Quae nunc ahibis in loca?</i>	Where shall you wander
<i>Sursum, deorsum,</i>	Upstairs, downstairs,
<i>Indominae arbiculum</i>	In my lady's chamber.

As an old man, Dr. Bigelow pursued a cause of more doubtful aesthetic value. To commemorate the Civil War soldiers' battle against the opposition, he commissioned the sculpting and erecting of a sphinx in the Mt. Auburn Cemetery. Before the enormous stone statue was finished, however, cataracts had taken his vision, and he could only be lifted up to its face to trace the countenance with his hands.

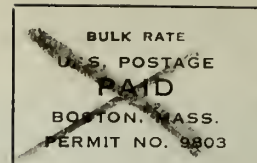
What explains the enormous proliferation of talent of this man? By the time he died Jacob Bigelow could have been considered botanist, teacher, landscape architect, poet, educator, author, physician, inventor, artist, classicist, sage and rebel. Perhaps the answer lies in his own "On Self Limited Diseases":

The importance and usefulness of the medical profession, instead of being diminished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and professes simply what it can accomplish. It is no derogation from the importance of our art, that we cannot always control the events of life and death, or even of health and sickness . . . and while an earnest and inquiring solicitude should always be kept alive, in regard to the improvement of professional knowledge, it should never be forgotten, that knowledge has for its only just and lasting foundation, a rigid, impartial, and inflexible requisition of the truth.

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The association of psychic tension and depressive symptoms is fairly common; but therapeutic agents which can relieve one complaint may accentuate the other. With Valium (diazepam) this problem can usually be avoided.

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Side Effects: Side effects (usually dose-related) are fatigue, drowsiness and ataxia. Also reported: mild nausea, dizziness, blurred vision, diplopia, headache, incontinence, slurred speech, tremor and skin rash; paradoxical reactions (excitement, depression, stimulation, sleep disturbances and hallucinations) and changes in EEG patterns. Abrupt cessation after prolonged overdosage may produce withdrawal symptoms similar to those seen with barbiturates, meprobamate and chlordiazepoxide HCl.

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